TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital ar ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and should be filed with the Stote Dept. of Health prior to burial, cremotion, or removed, and in any event, within 72 haurs after deat

> VR A15 (4) 20 M 1/66

1515	5		CERT	IFICATE	OF DEATH			W.	15	153	
PLACE OF DEATH a. COUNTY	Baltimore	· ·	M.	ARYLAND	a. STATE	E (Where de la ryla		f institution b. COUNTY	: Residence b	before odmi	ssian)
	(If outside corporate limind give nearest tawn)	ts,	c. LENGTH OF STA		c. CITY OR TOWN (I	imore		write RURAL	and give ne	eorest town)
	ITAL OR INSTITUTION (If n	at in haspital,			d. STREET ADDRESS					e. IS RI	SIDENCE FARM?
3. NAME OF DECEASED		irst	ITAL Middle		Last	4. DA		Month		Day VES	Year
(Type ar print) S. SEX	Angel 6. COLOR OR RACE	ina 7. MARRIED	□ NEVER MARR		11bano B. DATE OF BIRTH	DE	9. AGE (In		IF UNDER 1 YE	AR IF UN	9 66 DER 24 HRS
female	white	WIDOWED	DIVOR		July 7, 1	920	46 birt	hdaγ) / yrs.	Manths Do	oys Hou	s Min.
10a. USUAL OCCUPATION during most of workin dressn	N (Give kind af wark done g lite, even if retired) 14 Ker		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Cou	,	or fareign count	τγ)	12. CITIZE COUNT I ts	N OF WHAT TRY?	/
13. FATHER'S NAME					14. MOTHER'S MAID		70. 67				1113
rancis						Mary	Mazzone				
	ER IN U.S. ARMED FORCES? (If γes give war or dotes		social security No		NFORMANT	PRING	GROVE	Address ST	מיינים א	OSPII	AT
	γ, which gave) ite couse (o),	(a) Ade (b) lef	nocarci	noma	y poorly	4.30				INTERVAL ONSET AN	DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS	(c)	TO DEATH BUT NOT F	RELATED TO T	HE TERMINAL DISEASE	CONDITION	GIVEN IN PART	1(a)		19. WAS A PERFO	UTOPSY RMED? NO
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED.	Enter noture of injury	in Port I or	r Port II of iten	1B.)			
Hour o	JURY Manth, Doy, Year .m. 19	20d. II While of war			E OF INJURY (Home, ary, street, office bldg.,		Of. (City or	town)	(County	()	(Stote)
21. I cert	t ify that (this hodeceased alive on_	spitol) otten	ded the deceose	ed from , and that		, 19 53 at 4:1			5 , 19 <u>66</u> nd on the		
22c. PHYSICIAN	William	Ska	hungh	M.L.	ATTENDING PHYS.	MED. DIRECTO		rs.		-15-6	
NAME (Typ	1	hony J	. Toung,	M.D.			more, l			.228	IAB
23a. BURIAL CREMAT REMOVAL (Specif	ION, 23b. DATE TH	EREOF	23c. NAME OF CE	METERY OR O	1 1	230	1. LOCATION (C	ity ar Tawn	Md	iunty)	(State)
24. FUNERAL DIRECT	OR 2 3 anne	io.h.	ADDRESS 2635	Conk	25a. R	NOV		25b. REGIS	TRAR'S SIGN		udge

AND DESCRIPTION OF THE PERSON	BESSES 55	1 1
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

	15156		CERTIFICAT	E OF DEATH		5154		
1.	PLACE DF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE a. STATE Mar	E (Where deceased lived, if institution: yland b. county	Residence before admission)		
	b. CITY OR TOWN	(if outside corporate limits, and give nearest town)	c. LENGTH GF STAY IN 1b	Balti	outside corporate limits, write RUR/ more 21212 Rog	AL and give nearest town) ers Forge		
M		PITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	1 1 2	e. IS RESIDENCE ON A FARM?		
3.	NAME DF DECEASED (Type or print)	Sonn Convalesc First Birdie Cart	Middle	Last Last	ter Avenue 03 4. DATE Month DF Novembe	Day Year		
		6. COLOR OR RACE 7. MARRIED WIDOWED		8. DATE OF BIRTH Sept. 3, 1	882 9. AGE (In years IFUNDE Months Months Funder Funder	Days Hours Min.		
g G	ng most of working hooltead		NDUSTRY	ools Mary	land U	COUNTRY?		
		Washington Al			ndon Taylor			
(Ye	s, no, or unkown)	VER IN U.S. ARMED FORCES? (If yes give war or dates of service) None		amily reco	rds			
		EATH [Enter only one cause per ITH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acut	,, .	l Failure		INTERVAL BETWEEN ONSET AND DEATH		
	gave rise to cause (a), sta	diditions, If any, which erlys to Immediate se (a), stating the lerlying cause last. DUE TO (b) Fracture Hip and Operative Repair 7 Weeks 7 Weeks						
CERTIFICATION		GNIFICANT CONDITIONS CONTRIB			DISEASE CONDITION GIVEN IN PART 1 (YES NO		
	20a. ACCIDENT V DR CONTRIBUTION (IF EITHER, NOT	VAS UNDERLYING 20b. IG TO CAUSE OF DEATH IFY MEDICAL EXAMINER)	Pt Fell at	URRED. (Enter patrice of	Phy Fracting Indian			
MEDICAL	Hour a.m.		MOT WITH TON	ACE OF INJURY (Home, fa bry, street, office bldg., e DMC		Maryland		
		that (I) (this hospital) attendersed alive on both the	ded the deceased from 2		966, to 17 Nov , 19	the date stated above		
	22a. SIGNATUR	Holiers	well- M.	D. PHYS.		Nov 66		
		Robert Zadek			Cold Spring Lar			
23a	Burial	Nov. 21.196	Druid Ridg		23d. LOCATION (City, town or Pikesville. M			
24.		urns 'Soms, To				enla Judge		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by scian and completely filled in by the fonefal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	MARTLAND STATE DEPARTMENT OF DEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
15157	CERTIFICATE OF DEATH	15155

1.	PLACE DE DEAT	Raltimore				2. USUAL RESID					before admission)
_				MAI	RYLAND	Maryland			COUNTY Baltime		
	write RURA Haletho	NN (if outside corpora L and give nearest tov OPPE	te limits, vn)	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN	•		60	AL and glv	e nearest town)
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street	t address)	d. STREET ADDRE	SS			0	. IS RESIDENCE
	1715	Arbutus Ave	nue			1715 Arb	utus A	venue		Y	ON A FARM?
3.	NAME DF DECEASED (Type or print)	CLAF	mr ,	UDINA) Middle	AN	Last DREONE	4. DAT	TH NOVE	Month mber	Day 5	Year 19 66
1	sex emale	6. COLOR OR RACE caucasian	7. MARRIED WIDOWED			ct. 31, 1	879		day) IF UND! Months	R 1 YEAR	Hours Min.
10 du	a. USUAL OCCUPA ring most of wor Housev	TION (Give kind of work king life, even if retire vife	done 10b. K	IND OF BUSINESS NDUSTRY	OR	11. BIRTHPLACE	(County & Sta		untry) 12.	COUNTRY	taly
13	. FATHER'S NAI		sco Tar	antelli		14. MOTHER'S M	AIDEN NAME	Maria	Bonoli	5	
16	WAS DECEASED	EVER IN U.S. ARMED FO	DC502 16	SOCIAL SECURITY	NO 17	NEDRMANT		Α.	ddress		
(Ŷ	es, no, or unkown)	(If yes give war or dates	of service) 21	2-10-5589		Fortunat	e Ande			on Kd	. #34
		DEATH (Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	1: 00			+ Kemop	legia	reght	si'de	INTER	RVAL BETWEEN ET ANO DEATH
	Conditions, If	OUE				actorio,	/			- 15	5415
	gave rise to cause (a), s underlying cau	stating the OUE		ni lely	40,			1 1			1
NO		SIGNIFICANT CONDITI		UTING TO DEATH BU	T NOT RELAT	EOTOTHETERMIN	AL DISEASE C	ONDITIONGIVE	N INPART 1	a) 19.	WAS AUTOPSY
CAT		•								YES	PERFORMED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEADTIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW IN.	JURY OCCUP	RED. (Enter nature	of injury in	Part I or Part	II of item 1	18.)	
MEDICAL		INJURY Month, Oay,				E OF INJURY (Home	e, farm, 20f g., etc.)	. (City or tow	rn) (C	ounty)	(State)
ME	р	.m. 19	at wor	k at work					-		
		fy that (!) (this hose ceased alive on	1	ed the deceased		death occurred a			,		at (I) (we) last e stated above
	22a. SIGNATU		1		M.O.	ATTENOING	MEO. DIRECTOR	STAFF		OATE SIG	
	22c. PHYSICI NAME (1		es E.	Calas		6411 Fr		c Road			
23	a. BURIAL, CRE	MATION, 23b. DATE 11/8/		Holy Red		OR CREMATORY Cemetery		LOCATION (CI Baltimo	re, Md	•	(State)
	eonard J	Ruck, Inc	Ba	ADORESS	1d1)		NOV 9		REGISTRA	R'S SIGN	
-		,				IDALE	1101 7	1900	1	- 0	1 1

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funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation or removal, and in any event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15158 CERTIFICAT	E OF DEATH	5156
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
Bullimare MARYLAND	a. STATE md. b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
SB M. C Towson 5 days	Rulling 30	0.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
3. B. M. C.	3503 Samuelain	ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) Frank N.MN One	18 man DEATH 11/29/	66 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BURTH 19. AGE (In years IF UNDER	
male WIOOWED OIVORCED	7/13/1883 last birthday) Months 83 yrs.	Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
General Contractor Reliad		SA
13. FATHER'S NAME Ni colo	14. MOTHER'S MAIDEN NAME Maria Grani	
XXXXX angelown	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UT.
15. WAS DECEASED EVER (N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no or funkown) (If yes give war or dates of service)	INFORMANT Address	
	faria Angelozzi 3503 Sequoia A	TIP
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: AMMEDIATE CAUSE (a) C V A		ONSET AND DEATH
4 3 3 X OUE TO		7
Conditions, If any, which) (b) Alval librilla	tion, cerebral emboliscu	1 days
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO DEATH OR CONTRIBUTING TO DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING TO THE PARTIE OF CONTRIBUTION TO THE PARTIE OF CONTRIBUTION TO THE PARTIE OF CONTRIBUTION TO THE PARTIE O	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URREO. (Enter nature of Injury in Part I or Part II of Item 18.	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20c.	ory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from.	11/25 , 1966, to 11/29 , 196	6, that (I) (we) last
	t death occurred at 9.40 AM, from the causes and on the	
22a. SIGNATURE		ATE SIGNED
M. Morre M.	D. ATTENOING MED. STAFF DIRECTOR PHYS.	129/66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
I NAME (Type) JUAN L. ROQUE	6701 N. Charles St. Balt	υ 4.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
Entombment 12-2-66 Lorraine Ma	ausoleum Baltimore, Mary	land
24. FUNERAL PIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
4600 Liberty Hghts	.Ave. DATE DEC 1 1966	0 0

VR AIS (4) 1 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15159 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate write RURAL and give negrest Jown CATONSVI 0115V d. STREET ADDRESS e. IS RESIDENCE INSTITUTION (If not in hospital, give street oddress) ON A FARM? NAME OF Middle Lost DATE Month Doy DECEASED OF NOV (Type or print) DEATH 5. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED lost birthday) WIDOWED DIVORCED PYTS. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ONC-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0015 ANGER 4UCHMANIO 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 33 Edmondson Ridge (Yes, no or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse a INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE DUE Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RELATED TO CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) State) Hour o.m. foctory, street office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE **ATTENDING** STAFF M.D. PHYS. ADDRES 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify) houldon OKT= 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 301 Fred

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ATTENDING PHYSICIAN: The low

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TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use os the VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and/ deaf filled in pan and campletely remove physician on please lease the attending passit permit. The physician attending this certificate has been by the haspital ar

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VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

Loring Byers-8728 Liberty Rd. Randallstown

hours papers. hin 72 ho event, with and in any remaval, P crematian, signed by the burial-transit burial, cremati as the detached far use te Dept. af Health p State ! TO FUNERAL DIRECTOR: After pe be retained , page 3 shauld be filed with the

15160 CERTIFICATE OF DEATH 1: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission), tatternice County o. COUNTY b. COUNTY more TOWN MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 outside carparate limits, write RURAL and give negrest town) write RURAL and give neorest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? NO [3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED 8 (Type or print) 19 DEATH S. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACI 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10/31/1885 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Mechanic Balt. Co. Md. U.S.A Automobile 13. FATHER'S NAME Henry Baker Sarah Buhrman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Balt. 21207 (Yes, no, or unknown) ((If yes give wor or dotes of service Baker-3624 Milford Mill Rd No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 2Do. ACCIDENT WAS UNDERLYING -20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work at work 21. I certify that (I) (this haspital) attended the deceased fram. 19 66, ta 19.66, that (1) (we) last 11-18 - 1966, and that death accurred at 2350 M, from causes and an the date stated above. saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED -18-66 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 23o. BURIAL, CREMATION 23h. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Randallstown Burial

2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

. PLACE OF DEATH				
a. COUNTY Baltimore		o. STATE	b. COUN	ion: Residence before odmissionY
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b		7 MM Q side corporate limits, write RUR	PAL and give nearest town
write RURAL ond give nearest town)	C. LENGTH OF STAT IN 10	C. CITI OK TOWN (II BUIS	side corporate initis, write kok	CA 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital give street address)	d. STREET ADDRESS		l e. IS RESIDENCE
Armacost Nursing		d. Sincer risbiness		ON A FARM?
NAME DF DECEASED (Type or print) Theodoci	Middle	Lost Baker	4. DATE Mont	h Day Year
SEX 6. COLOR OR RACE 7. M	/	B. DATE OF BIRTH 23 Nov. 18	9. AGE (In years last birthdoy)	IF UNDER YEAR IF UNDER 24 HRS Months Days Hours Min.
0o. USUAL OCCUPATION (Give kind of work dane uring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT COUNTRY? 4 5 A
3. FATHER'S NAME Leonge H.	Potts	14. MOTHER'S MAIDEN NA	en Hard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, arunknown) (If yes give war or dates af servi		INFORMANT B. M.	. Bake Addre	" 9 E. Chane S Belt (2)
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).)	Interio sel	Bus 15	INTERVAL BETWEEN ONSET AND DEATH
Gooditions if any which gave	(one And	Haemonkes	2 30 4.
rise ta immediate cause (o), stoting the underlying cause last. (c)		myocart	and Injurell	in Instatore
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	art I ar Part II af item 1B.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Hame, farm, tary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital) saw the deceased alive on	attended the deceased fram_ 25 1966, and tha	May ? (5, 19 it death accurred at 4	45, to nov 23	and on the dote stated abov
220. SIGNATURE Berg. 7	n-Baller M	D. PHYS.	AED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. Ben B	aker	22d. ADDRESS E.	Chase St.	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tay	
BEMOVAL (Specify) 11/29/69	6 ELMWOOD	CEM.	NORFOLK	VIRGINIA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending byysician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI	LTIMORE 1. MARYLAND
15162	CERTIFICATE OF DEATH	15160

_							201011
1.	PLACE OF DEATH a. CDUNTY Baltimo	ore		MARYLAND	2. USUAL RESIDENCE A STATE M.C.	b, COUNT	tution: Residence before admission)
	b. CITY OR TOWN	(if outside corporat	e limits,	C. LENGTH OF STAY IN 1b			RURAL and give nearest town)
	Write RURAL a	nd give nearest tow	1)		Catons	ville	13.1
-	d. NAME OF HOSE	TAL DR INSTITUTIO	N (if not In ho	ospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE
8		Low Oak R				nleigh Dr.	DN A FARM? YES NO
3.	NAME DF DECEASED (Type or print)	Fir Pe	st eter	Middle E. Balte	Last	4. DATE Month OF DEATH NOV.	Day Year 6 19 66
5.			7. MARRIED		8. DATE OF BIRTH	19. AGE (In years 118	FUNDER 1 YEAR HE UNDER 24 HRS.
	M	Wh	WIDOWED	DIVORCED		1903 63 yrs.	Ionths Days Hours Min.
10a	. USUAL OCCUPATION	ON (Give kind of work of glife, even if retired	ione 10b. K	IND DF BUSINESS OR	11. BIRTHPLACE (C	county & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Teacher		Md	· School Bd.	Baltimo	re. Md.	USA
13.	FATHER'S NAME				14. MOTHER'S MAIL		· OCIA
		Lus Balte				garet Yaunlay	
15. (Ye	s, no, or unkown) (/ER IN U.S. ARMED FD If yes give war or dates of	service)	9-30-3483	Mrs. Will 406 Wrenl	iam Spicer	
-	18 CAUSE DE DI	FATH (Enter only one		ine for (a), (b), and (c).1	TOO WICHI	CIEN DI	I INTERVAL BETWEEN
		TH WAS CAUSED BY:		Coronare T	2 0		ONSET AND DEATH
	1000	IMMEDIATE CAUSE	(a)	210712015	mondosis		mules
	4001	DUE	TD	C- 01	1		22
	Cenditions, If a		(b)	(monary u	ilery Dis	seaso	2 curs
	gave rise to I cause (a), sta		TD	/)	(Q)=0)	1 -	
	underlying cause	Inch	(c)		1100 50	farelia)	
<u> </u>	PART II OTHER ST	GNIFICANT CONDITIO	NS CONTRIBU	ITING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
S	255	e tino	Han on	ester sia	(Quo	C-V.	YES TO NO TO
	2Da. ACCIDENT W	AS UNDERLYING	1.200 E		URRED. (Enter nature o	f injury in Part I or Part II of	Item 18.)
CER	DR CONTRIBUTION (IF EITHER, NOTI	G CAUSE OF DEAT FY MEDICAL EXAMIN	IER)	1			
CAL		JURY Month, Day,	fear 2Dd. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
	Hour a.m.		While at work	MOT MULIE	ory, street, ornice blug., e	16.)	
2				ed the deceased from	1	960 to 116	19 66, that (I) (we) last
		eased alive pn	9				nd on the date stated above.
9	22a. SIGNATURE			To Que, and the	it addin occorred de		22b. DATE SIGNED
	C/2	m.	On	W		MED. STAFF DIRECTOR PHYS.	11/8/66
	22c. PHYSIC AN	YS 19	-	17).	22d. ADDRESS	DIRECTOR C THIS.	
İ	NAME CTyp	e) Jame	s J.	Nolan	1 Mall	ow Hill Rd.	
23a	. BURIAL, CREMA	TION. 23b. DATE T	HEREOF	23c. NAME OF CEMETER		23d, LOCATION (City, tow	n or county) (State)
	BUTTAT	11-1				Baltimor	
24.		TOR		Holy Re	deemer 25a. RE	C'D BY REGISTRAR 25b. REG	
		F.D 4:	101 E	dmondson Ave		NOV 0 1966	Ochanles Judge
					DATE	FULLY (I) WIND	Non- A LORA MARKET

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15 man la facilità de la companya della companya della companya de la companya della troumsted with a second of the MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before ad a. STATE b. COUNTY

m Y		a. C a. III	KIIIIOAIL	OI DEATH		TOTOF
	1.	PLACE OF DEATH a. COUNTY				ution: Residence before admission)
1		LAI + IDARY	MARYLAND	a. STATE	b. COUNTY	21+6.
		b. CITY OR TOWN (if outside corporate limits, c. LENGT	H OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, write	RURAL and give nearest town)
4		write RURAL and give nearest town)	0-	2.11		121
	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gly	t =	d. STREET ADDRESS	1115	e. IS RESIDENCE
. ,	13	d. HAME OF HOSPITAL OR INSTITUTION (II Hot III Hospital, giv	e street address)	U. STREET ADDRESS		ON A FARM?
6	F	Repter Botto Medicat	- (enter	176. 3.	eminney	FIR YES NO NO
	3.	NAME DF First PECEASED	. elbblN	Last 4.	DATE /Month	Day Year
		(Type or print) Dal 7 P	6/12.	KARCHAM	DEATH //	30 19 66
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	R MARRIED 7 8.	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
		(WIDOWED	DIVORCED	12-20-19	172	onths Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUS		11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT
		Ing most of working life, even if retired) INDUSTRY			M	COUNTRY?
	13.	H5nf. Own-nor	me .	I BALTO.	110.	U.S. H.
	13.	FATHER'S NAME	100	14. MOTHER'S MAIDEN	NAME	0 1
7	7	hurst on Goodin, N		CAY	LARRINE	Goth
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEG	CURITY NO. 17	NEORMANT	Address	
	(10	NO (1) Ses give was of direct of Service)	-	PATIENT'S	ChAR	4
		18. CAUSE OF DEATH [Enter only one cause per line for (a),	(b), and (c),]	17.70.		I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	F - De	I Told	2	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	10	The same	unce.	
		DUE TO		of B	1.0 - 1	
		conditions, If any, which gave rise to immediate (b)	unom	~	masi	
		cause (a), stating the DUE TO		9		ATT TO SAME BANKS
	_	underlying cause last. (c)				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELAT	ED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	ART1(a) 19. WAS AUTOPSY PERFORMED?
0	CA					YES NO
	TE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE I	HOW INJURY OCCUR	RED. (Enter nature of in)	ury in Part I or Part II of I	Item 18.)
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	URRED 20e PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
	MEDICAL	Hour a.m. While - Not w	factors	y, street, office bldg., etc.)	2011 (010) 01 10111)	(4-1-1-)
	Z	p.m. 19 at work at w			4 //	
	-	21. I certify that (1) (this hospital) attended the de	ceased from A	00 , 45 , 1961	, to NOV 30	, 1966, that (I) (we) last
			66, and that	death occurred at		nd on the date stated above.
,		22a. SIGNATURE		ATTENDING - MED		22b. DATE SIGNED
		Hemo than	M.D.	PHYS. MED DIRE	CTOR PHYS.	1000 30 1961
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	7 100	
		DENIS CHA	41	07 [5 17 C	
	23a		AME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
	1	Burial 12/3/66 Dul	anev Val	ley Mem.	Cockevsvill	e. Maryland
9	24.		DRESS VAL			ISTRAR'S SIGNATURE
1		John Bunna Cona Marray Ma	27204	nF	C 5 1966	Thanks Judge
V	(John Burns Sons Towson, Md	21204	DATE UL	.00	U

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death **CHOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TC HOSPITAL

VR AI5 (4) 20M 1/65 requires that the deoth certificate be executed within 24 hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15164 CERTIFICATE OF DEATH death. by the funeral Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Prince George's Baltimore offer MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) popers. Pag thin 72 hours a Capitol Heights Maryland Catonsville ond completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6103 Kingston Road SPRING GROVE HOSPITAL YES NO 3. NAME OF Middle 4. DATE Month Doy Year DECEASED Laura Rose Barrett November 19 66 (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove birthdoy) Hours in ony DIVORCED May 26, 1916 WIDOWED female white 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? New York housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal Mary E. Rose Henry DeForest Tuddle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor or dates af service) STATE Records: SPRT G GRO VE HOSPITAL unknown unknown INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) -transit PART I. DEATH WAS CAUSED BY Myocardial Infarction ANSET AND ANATH IMMEDIATE CAUSE (a) signed t DUF TO Arteriosclerotic Cardiovascular Ht. Dis. buriol 10 yrs. Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause os the prior to b TO FUNERAL DIRECTOR: After this certificate hos been Arteriosclerosis, Generalized 10 yrs. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116 MEDICAL CERTIFICATION 1) Previous myocardial infarction(1964), Quremia, 3brochitis NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING FT CAUSE OF DEATH Stote Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, affice bldg., etc.) 19 at work at wark 21. I certify that (this hospital) attended the deceased from Feb. 10 1959 to Nov. directar, page 3 should should be filed with the 19.66, and that death accurred at 7° LOM, from causes and on the date stated above saw the deceased alive an Nov. 27 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 11-27-66 DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS GRO JH. Zoung, M.D. NAME (Type) Baltimore, Maryland 21228 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Cathedral 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Krause Funeral Home 1216 S. Charles St

Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	12102			CERTIFICAT	E OF DEA	HTA				51	63	
1.	PLACE OF DEATH a. COUNTY	Baltimor	·e	MARYLAND	2. USUAL RES a. STATE	IDENCE (Who		ived, If ins b. COUN	TV		before as	
		N (if outside corporate and give nearest town butus	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOV	Arbi		limits, wr	ite RURAL	03	3.1	
	d. NAME OF HOS	SPITAL OR INSTITUTION	V (if not in ho	spital, give street address)	d. STREET ADD	RESS Chapel	Squar	e			ON A I	NO 🗌
3.	NAME OF DECEASED (Type or print)	Fir:	st seph	Middle Thomas	Barron,	_ 0	ATE OF N DEATH N	Month		Day L,	Ye:	66
5.	SEX Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED 1	June 4,		9. AGE	(In years birthday)	IF UNDER Months	1 YEAR	Hours	
10a	a. USUAL OCCUPATION most of work	ION (Give kind of workding life, even if retired Guard Retir	one 10b. KI	ND OF BUSINESS OR IDUSTRY PSi Cola Co.	11. BIRTHPLA	CE (County & timore,) 12. C	OUNTRY	OF WHAT	
	. FATHER'S NAM			on, Sr.	14. MOTHER'S	MAIDEN NA						i lis
15 (Yo	i. WAS DECEASED I es, no, or unkown)	EVER IN U.S. ARMED FOR (If yes give war or dates of	service)		rs. Doro	the F.	Barro	Addres	557 C	hape	al S	quare
		ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE 1 any, which Immediate tating the DUE 1	(a) 7/1 (b)	ne for (a), (b), and (c). 1 1 = fas Fate	i' Me	lan	ou o		PEMELE	//QNS	RVAL BEET AND	TWEEN DEATH
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING DEATH	20b. D	TING TO DEATH BUTNOT RELA						YE	WAS AU PERFOR	
MEDICAL	20c. TIME OF Hour a.m		Year 20d. IN While at work	MOT WHITE []	CE OF INJURY (Ho ry, street, office b	ome, farm, 2 ldg., etc.)	20f. (City o	or town)	(Co	unty)	(State)
	21. I certif	y that (I) (this hosp ceased alive on *>		the deceased from 19 00, and that	ATTENDING -	MED.	M, from the	e causes	and on		e stated	we) last d above.
24	Burial (Spe		HEREOF 6/66 en to	New Cathedra Address		REC'D BY	Balti REGISTRAR		Md. EGISTRAR	r's sign		tate)

VR AI5 (4) 20M 1/65

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Table 1 and
15166

CERTIFICATE OF DEATH

15164

	PLACE OF DEATH a. COUNTY Luther	ville. Balto	County, MARYLAI	a. STATE	(Where deceased lived, il institution: b. COUNTY		
	b. CITY OR TOWN (If outsid	e carporate limits,	c. LENGTH OF STAY IN 1		utside carparate limits, write RURAL	and give nearest tawn)	
1	write RURAL and give n	earest town)		Balti	more	31.4	
	d. NAME OF HOSPITAL OR II	NSTITUTION (If nat in haspi	tal, give street address)		3925 Beech Ave.	e. IS RESIDENCE	
	College Man	nor Nursing	Home		Park Apts.	ON A FARM? YES NO	
	NAME OF DECEASED Thomas (Type or print)	s N. Bar	Middle rtlett	Last	4. DATE Month OF November	er 14th, 1966	
S.	SEX 6. COL	OR OR RACE 7. MARK	RIED NEVER MARRIED [8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.	
M	Tale V	White WIDOW	WED DIVORCED	August 12,	1885 last birthday) N	Months Days Hours Min.	
	n. USUAL OCCUPATION (Give k ing mast af working life, ever		b. KIND OF BUSINESS OR INDUSTRY Insurance	11. 81RTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME	DAEGU WINE		14. MOTHER'S MAIDEN			
1	Thomas	н.	Bartlett		Bisl	hop	
15.	. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Address		
110	es, no, or unknawn) (II yes g	None None		Mr. Thomas R.	Bartlett E. No	orwich, N. Y.	
	PART I. DEATH WAS	nter only one cause per lin CAUSED BY: MMEDIATE CAUSE (a) DUE TO	e for (o), (b), and (c).)	en selene	is	INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if any, which		Denenles (d		Marie Control	40	
	rise to immediate cause stating the underlying c		4				
	lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						
ATION	PART II. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture af injury in	Part I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Mo Haur o.m. p.m.	· · · · · · · · · · · · · · · · · · ·	Od. INJURY OCCURRED While Nat While work at wark	le. PLACE OF INJURY (Home, far factary, street, office bldg., etc		(County) (State)	
		t (1) (this haspital) at d alive an Oct	ttended the deceased fro	am <u>Way</u> , d that death accurred a	19 <u>61</u> ta <u>Ou 6</u> t <u>3:35</u> M , fram causes an	_, 19 <u>CL</u> that (1) (we) las d an the date stated abave	
	220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIVEY 15, 1966						
	22c. PHYSICIAN'S NAME (Type)		0	22d. ADDRESS			
230	D. BURIAL, CREMATION, REMOYAL (Specily)	23b. DATE THEREOF 11/16/1966		ry or crematory dege Cemetery	Pike sville,		
2	4. FUNERAL DIRECTOR		BADDRESS)	25a. REC		TRAR'S SIGNATURE Judge	
17	1/m 1 Tus	me 2 So	no hants	LPa, DATE	NOV 17 1966 /	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers—"sages. I and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or remacual, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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ter death. Page 4	rauld be filed with
TO HOSPITAL OR EXENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained be haspital or attending physician. TO FUNERAL DIRE A: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave certain papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in ony event within 72 hours often death.
FYENDIN	e detached
TO HOSPITAL OR	may be retained TO FUNERAL DIRE page 3 should be the registrar prior

VS A15 (4) 15M 9/5B

	12101			CERTIFIC	AIL OI L	LAII			Reg. D	ist. No.		10:
1.	PLACE OF DEATH Baltimore			MARYLAND	2. USUAL RESI a. STATE Md.	DENCE (Wh	nere decease	d lived. If institution Baltimo		nce befo	re admiss	ion)
	b. CITY OR TOWN (III RURAL ond give ne Catonsvill	autside corporate limi arest tawn) B	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR Catons			prote limits, write R	URAL ond	give ned	rest tawr)
	d. NAME OF HOSPIT	Nursing He		oddress)	d. STREET A		Drive	9			e. IS RES ON A YES	FARM?
3.	NAME OF DECEASED (Type ar print)	El ma	est	Middle S.	Bates	st	4. DATE OF DEATH	Nov .	1	6	,	Year 19 66
5.	F'	6. COLOR OR RACE Wh	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT			9. AGE (In years last birthdoy) 85 yrs.	IF UNDE Manths	R 1 YEAR Days	IF UNDE Hours	R 24 HRS. Min.
100	during most of work	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR IND		ACE (Stote yland		ountry)		USA	WHAT	OUNTRY?
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME					416
		Stradley										
		RIN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.	Miss Ber 406 Roan	tha R	ehmanı rive	n Addi	ress			
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Day, which mediate	a	ne for (o), (b), and (c).]	worther	_ C (17).			introns 7	ERVAL BE	TWEEN DEATH
CERTIFICATION	20o. ACCIDENT WA	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU					/EN IN PA	RT 1(o) 1	9. WAS PERFO	RMED?
MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Ye-	ar 20d. II While at wor	Not while f	PLACE OF INJURY (actory, street, affice			y ar tawn)		(County)		(Stote)
	actual SIGNATURE	at I attended the	126	ed from No.	M.D.		ADDRESS (S	the causes an	d an th		stated	d abave.
	PHYSICIAN'S NAME (Type)	John C. P	ound		3325	Frede	rick .	Av.		- (5/60
	Burial (Specify)	N, 22b. DATE THEREC	6	22c. NAME OF CEMETERY Loudon Par			Bal	TION (City, town, timore, 1	1d.		(Stat	e)
23.	FUNERAL DIRECTOR	S SIGNATURE F.D4101	Edmon	ADDRESS dson Av.				TRAR 24b. REGI	STRAR'S S	-	400	ar.

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120	DIVISION OF STATISTICAL RESEARCH AND RECORDS, SOT W. PRESTON STREET, BALTIMORE, MARTEAND 21201
FOR STATE	15168 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15166
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY Balto. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY b. COUNTY Md.
Pa Pa	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town)
uth. If any delay is ages 1, 2, and 3 ta h farm PM3. Page tate Department of hours after death.	Randallstown DOA Baltimore -11
e po	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
h. If garm farm farm haurs	Baltimore Co. General Hosp. 3005 Chestnut Ave.
death. e Page with fi with fi he Stat	3. NAME OF DECEASED (Type or print) STELLA M. BAUBLITZ OF Nov. 27 19 66
after death. If 8. Give Pages 1, alang with farm with the State De within 72 haurs	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. White NEVER MARRIED 6. 6-1905 1814 181
haurs Office I and 2 event	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
4 C 0 >	during most of working life, even if retired) Beautician Self employed Maryland COUNTRY? U.S.A.
hir nin in	13. FATHER'S NAME 2
d with period of the period of	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) lift was give war or date of service) (Yes no or unknown) lift was give war or date of service)
d be executed Chief Medical E Transit permit. F Transit remaval, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 17. INFORMANT Nora L. Simmons, Box 135A, Bt. 5, Old Court Rd.
f Me fit pe	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
shauld be e ne ward "per a the Chief h burial-transit matian, ar re	IMMEDIATE CAUSE (o) Coronary Artery Disease 30 min.
war war the rial-	Conditions, if ony, which gove) (b)
the shift the land a burnarema	rise to immediate couse (o), stoting the underlying couse DUE TO
ficat ing ded ded as c	lost. (c)
s certificate sl e, writing the farwarded ta used as a bu burial, cremo	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II.
This ficate, be fa	PERFORMED? YES NO YES NO PERFORMED? YES NO PERFORMED. YES NO PERFO
INER: The certificate certificate should be files. 3 should be should be int, prior t	
	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of todory, street, office bldg., etc.) 19 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 19 10 foctory, street, office bldg., etc.)
L EXA cecute Page far yau R:Pag ated a	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry X, and in my opinion
lebral EX case executa irectar. Page ained far your IRECTOR: Pa designated	death resulted from: Natural causes 🗷 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner
MEDICA please I directo refaire DIREC	ACTUAL SY COLOR CHIEF MEDICAL EXAMINER 22. DATE SIGNED
iry, ple eral di be rete RAL Di or its	SIGNATURE MD ASSISTANT MEDICAL EXAMINER
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S D. D. Caples, M. D. 6 Hanover Richard Street St
TO D the 5 m FI Hea	230. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 11/30/6C MORELAND MEM. BALTO, MD.
2	24 BINEDAL DIDECTOR ADDRESS 25. DECISTRAD 25. DECISTRAD CHARTIES
VR A15ME (5)	Paul E. Chenoweth, III, 3617 Chestnut Avend. DATE DEC 2 1966 Charles Judge

December 1997

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

NOXX

66 19

Year

IF UNDER 24 HRS.

NO

(Stote)

Hours

15169 CERTIFICATE OF DEATH pulo filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND. BALTIMORE BALTIMORE MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, RANDALLS TOWN RANDALLSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 3920 SUSANNA ROAD 3920 SUSANNA AVENUE 21133 21133 within corbon 3. NAME OF Middle 4 DATE Month Doy signed by the attending physicion ond completely buriol-transit permit. Then please remove corbon DECEASED R. BEATTY NOVEMBER JOSEPH 1 (Type or print) DEATH YEAR S. SEX 6. COLOR OR RACE XX 8. DATE OF BIRTH AGE (In years IF UNDER 7. MARRIED NEVER MARRIED birthdoy) 2-5-1908 any MALE WHITE WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR NDUSTRY CLOONEY CO. during most of working life, even if retired)
REALATOR and MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo LAWRENCE BEATTY HENRIETTA IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service MRS. CORNELIA M. BEATTY, 3920 SUSANNA ROAD NO 14=03-1643 buriol, cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (of (b), ond (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (o) DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been ed for use os the WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) Hour o.m foctory, street, office bldg., etc.! certify that (1) (this hospital) attended the deceased from p M, from couses and an the date stated above. saw the deceased alive an and that death occurred at SIGNATURE 22b. DATE SIGNED 220. STAFF ATTENDING DIRECTOR PHYS. 22d. ADDRESS NAME (Type) CHRISTIAN S MMASS BALTIMORE NATIONAL PIKE & ST. JOHN should director 23b. DATE THEREOF: 11U. 23o. BURIAL, CREMATION 23E. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BORNAL (Specify) BALTIMORE, LAKEVIEW MEMORIAL PARK MARYLAND 11-4-66 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

21229

HOWARD H. HUBBARD, 4107 WILKENS AVENUE

executed within 24 hours ofter deoth requires that the death certificate be attending be retained by the hospital or Poge 4 moy

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FOR STATE HEALTH DEPT the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page e pages 1 and 2 with the State Departments. d in Any event within 72 hours ofter desta delay is in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death. If

"pending"

necessory, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

VR A15ME (5)

Heolth or its designoted agent, prior to buriol, cremation, or removal,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15170		MEDIC	AL EXAMINER	S CERTIFICATE O	F DEATH	1	5168
	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceosed lived, it	institution: Reside b. COUNTY	nce before odmission)
	Bal:	timore		MARYLAND	Mary!	Land		timore
	b. CITY OR TOWN (I write RURAL ond	f outside corporate limit give, nearest town	maye	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OL	h Code	. 1 /1/	onsul
		AL OR INSTITUTION (If n	ot in hospitol, give	street address)	d. STREET ADDRESS	Fenor	100	e. IS RESIDENCE ON A FARM?
		Senter Ro			4438	Senter Roa		YES NO
	NAME OF DECEASED (Type or print)	GAR	irst RY	Middle DENNIS	BENDER	4. DATE OF DEATH	Month 11	Doy Year 12 19 66
	sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED NEVER MARRIED NEVER MARRIED	8. DATE OF BIRTH July 28, 195	9. AGE (In lost birt)	yeors IF UNDER hday) Months - yrs.	Doys Hours Min.
	USUAL OCCUPATION ing most of working		INDŲ	OF BUSINESS OR STRY	Mary/an	or foreign country)		ITIZEN OF WHAT OUNTRY?
13.	FATHER'S NAME	1. Bender	_		14. MOTHER'S MAIDEN	NAME	1	
		R IN U.S. ARMED FORCES? (If yes give wor or dates			Pelroy M. Bend		Address Enor R	
	18. CAUSE OF DE	ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE	Chatte			CY 4100 1	CHOI N	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony	DUE	TO (b)					
	rise to immediat stoting the under last.		(c)					
CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CON	NDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
TIFIC	20o. EXTERNAL CA		20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item	18.)	
	PRIMARY 🔯 or COI CAUSE OF DEATH.	AIKIBUIING 🗆	Shot	self in he	ad			
MEDICAL	20c. TIME OF INJU 9:30Hour o.n	IRY Month, Doy, Yeor n. n. 11/11		RY OCCURRED 20e. I	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.) Home			timore Md.
- 5	Žì. I certif	that I taak chara			held an Autopsy ,	Inspection 🔀,	Inquiry ,	and in my apinian
	death result		al causes,		uicide 🔀, Hamicide		ned manner	
	ACTUAL SIGNATURE	1 CAS	Colta	Jul -	CHIEF MEDICAL	EXAMINER DICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S NAME (Type)	Rudiger	Breiter	necker	DEPUTY MEDICA Address (Street	AL EXAMINER		11/12/66
230	BURIAL, (REMATIC REMOVAL (Specify		/ .	23c. NAME OF CEMENTERY O	1	23d. LOCATION (C)	ty or Town)	(County) (Stote)
24	1. FUNERAL DIRECTO	nu 1328 l	alkhen	Parines Rd.		NOV 17 19	25b. REGISTRAR'S	signature judge

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VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	15171 CERTIFICA	TE OF DEATH	15169					
1.	PLACE OF DEATH a. COUNTY Baltrier CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution e. STATE b. COUNTY	Residence Vefore admission)					
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) 47 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL on	d give neerest town)					
-	d. NAME OF HOSPITAL OR INSTITUTION (if nor in hospital? give street address)	Stares bury hull R	IS RESIDENCE ON A FARM? YES NO NO					
3	NAME OF DECEASED (Type or print) Anna Eliza Stetla	Benney 4. DATE Month OF DEATH November	Dey Year / (
5	Huale White WIDOWED DIVORCED	B. DATE OF BIRTH 23 November 1891 9. AGE (In years last birthdey) 74 yrs. Months	YEAR IF UNDER 24 HRS. Deys Hours Min.					
9	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even it retired) Own Home	Emmits being hangland	TIZEN OF WHAT COUNTRY					
	John adlesberger	14. MOTHER'S MAIDEN NAME Rung has	4					
2	No (Ifyesgive weror detesofservice)	Harranel Sam	e					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ascular Occident	ONSET AND DEATH					
	Conditions, if eny, which geve rise to immadiate couse	enchal & anteroschotie Hearthen	ice 25 years					
	(e), steling the underlying DUE TO							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED?					
L CERTIF		RED. (Enter natura of injury in Part I or Pert II of item 1B.)						
MEDICA		ACE OF INJURY (Home, farm, 20f. (City or town) (Couctory, street, office bldg., etc.)	//					
	21. I certify that (I) (this hospital) attended the deceased from My 19 to 19 that (I) (we) last saw the deceased alive on 19 that (I) (we) last occurred at 55 M, from the causes and on the date stated above.							
	220. SIGNATURE Justin J. Kess	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 7	Nacula 966					
	22c. PHYSICIAN'S NAME (Type) WAZTER T. KEES	Co cheef Surlle	Twel					
23	REMOVAL (Specify) Burial Nov. 22,1966 St. John's		y) (Stete) alto.Co.,Md					
2	John Burns Sons, Towson, Marylan	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE					

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TATES	CERTIFICAT	E OF DEATH		151711
1. PLACE OF DEATH		2. USUAL RESIDENCE (V		ution: Residence before admission
a. COUNTY	>	a. STATE	b. COUNTY	
13 ALT INDORE	- INALLICATIO	Maryland	Prin	
 b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) 	1:0 -			RURAL and give nearest town
CATONSVILLE	10 DAYS	Berwyn He	ignts,	Le 16 DESIDENO
d. NAME OF HOSPITAL OR INSTITUTION (If no	- //	d. STREET ADDRESS 5907 OSage	Street	e. IS RESIDENC ON A FARM?
SITANURA LA NU	RSING HOME			YES X NO
3. NAME OF First DECEASED (Type or print) -OSEPHINE	Middle I. R	EWSON 4.	DATE Month OF DEATH NOV	27 19 66
5. SEX 6. COLOR OR RACE 7. MAR		8. OATE OF BIRTH	19. ACF (In years LIF	LINDER 1 YEAR HE LINDER 24 HR
We male White	RRIED NEVER MARRIED DIVORCED DIVORCED	Jan 30, 1890	7 dast birthday) M	onths Days Hours Min.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Maryland	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		1 14. MOTHER'S MAIOEN I	AME	
Patrick Rus	ssell	Julia Bed		
15. WAS DECEASED EVER IN U.S. ARMEO FORCES?		INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)	Ma	ary I. Wheat	cley Same a	as # 2
18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]	0 0		INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:	D.	like		ONSET AND DEATH
IMMEDIATE CAUSE (a)	neum	masor	- (Lary
TO OUE TO	a. A.	0. 4	Heart O.	5-1100
Cenditions, If any, which (b)	ances	clive	Her Nuse	ere of you
gave rise to immediate (a 0 0		0	
underlying course leek	(le e doubl	atterior	Var -	57 42
	TRIBUTING TO GEATH BUT NOT BELL	ATED TO THE TERMINAL DISE	ASE CONDITION CIVEN IN PA	RT 1(a) 119. WAS AUTOPSY
E PARTITIONER SIGNIFICANT CONDITIONS CON	TRIBOTING TO GEATH BOTH OF RELE	ATED TO THE TERMINACTISE	(3E COMPITTION GIVEN IN IA	PERFORMED?
5 Mauli	tu Waer	0.		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a, ACCIDENT WAS ONDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of Inju	iry in Part I or Part II of I	Item 18.)
	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
Hour a.m.		ory, street, office bldg., etc.)	201. (City of town)	(ounty) (oute)
		ch 29 19/0	1 10 24 0 62 7	, 19 6C, that (I) (well las
21. I certify that (I) (this hospital) a	ttended the deceased from L	t doeth coourred of2:30	M from the course of	nd on the date stated above
saw the deceased alive on 222a. SIGNATURE	19 19 19, allu tila			22b. DATE SICNED
Jehn n' As	inder M.	D. ATTENDING MED.		11/27/61
22c. PHYSICIAN'S NAME (Type)	1. SNYDERMD	22d. AODRESS - (3 48 7)	releviele Rl	Baltening mil
23a. BURIAL, CREMATION, 23b. OATE THEREO		V OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
23a. BURIAL, CREMATION, 23b. OATE THEREO Burial (Specify) //-30-194	Mt Olivet	1 ON GREWATOR 1	Wash, D.C	
24. EUNERAL DIRECTOR	AOORESS/) ~	\ 25a. REC'O I	BY REGISTRAR 25b. REC	ISTRAR'S SIGNATURE
Wallerily 131	117/17/88 6	DAL NOI	1 2 9 1966 8	Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15173 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH a. COUNTY b. COUNTY BATITIMORE MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give negrest tawn) 16 DAYS FORT HOWARD BALTIMORE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 5123 LIBERTY HEIGHTS YES NO X 3. NAME OF First Middle DATE Manth Year Last Doy DECEASED 30 EDGAR R. 66 BEVERIDGE NOVEMBER 19 (Type or print) DEATH IF UNDER YFAR IF LINDER 24 HRS B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours APRIL 22. MALE WEST HID WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. PIPERTURER RICHMOND. VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY HERMAN EDGAR BEVERIDGE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. VETERANS ADMINISTRATION HOSPITAL (Yes no arunknown) (If yes give war or dotes of service) 213 05 69 04 FORT HOWARD, MARYLAND CLINICAL RECORDS Sydney Beveridge5123 Liberty Highattsiween 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) RECEIVE PEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) SCHOOL OF RECENT Conditions, if any, which gave PULMONARY EDEMA rise to immediate cause (a). BRONCHOGENIC CARCINOMA LEFT LUNG WITH METASTASIS XXXXXXX stating the underlying couse last. TO LUNG, LYMPH NODES, LIVER AND KIDNEY UNKNOWN 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) ARTERIOSCLEROTIC HEART DISEASE. BENIGN PROSTATIC HYPERTROPHY NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Hour o.m. Not While of wark at wark 21. I certify that (this hospital) attended the deceased from 11/14/66 saw the deceased glive on 130/66 19, and that death accur and that death accurred at COP M. from couses and on the date stated above. saw the deceased alive on. 22g. SIGNATURE 22b. DATE SIGNED /1/66 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH FORT HOWARD. MARYLAND GEORGE DUDAS. M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County)

directar, page 3 shauld be filed v TO FUNERAL

VR A15 (4)

24 hours after death

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the death certificate be

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certificate

DIRECTOR: After

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BALTIMORE NATIONAL

BALTIMORE, MARYLAND

2Sa. REC'D BY REGISTRAR

RMACOST FUNERAL CHAPET

2Sb. REGISTRAR'S SIGNATURE

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STATE HEALTH DEPT. O DEPUTY MER EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH 5109 MEDICAL RESEARCH AND RECORDS, 30 MEDICAL EXAMINER'S CE

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	1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	stdence before admission)
	/	BALTIMORE MARYLAND	a. STATE MARVI AND b. COUNTY BY	Ita.
-		b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give nearest town)
		write RURAL end give nearest town) EAST POINT	EACTPOINT	1.2.1
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
20	7	721 WYNRROOK RD	7721WYNBROOK RD	ON A FARM? YES NO X
	3.	NAME OF First Middle	Last 4. DATE Month	Oay Year
1	7	(Type or print) ALEXANDER W. RINKO	WCKI JR DEATH 11	10 1966
	5.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IFUNOER 24 HRS.
		M WIDOWED DIVORCEO	10-16-1913 53 yrs. Months	Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT
	dui	ing most of working ilfe, even if retired)	MARVIAND	UNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	3/1
	A	LEXANDER BINKOWSKI	JOSEPHINE POPROK	
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
9	(16	s, no, or unkown) (If yes give war or dates of service)	ERECA BINKAWIKI 7711 WY	VRADAK RA
	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	-14-21 611110 1131111/11/11/11	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) Caluacarcer	uma al Bladder	ONSET AND DEATH
		1 81 O DUE TO	The state of the s	
		Conditions, if eny, which (b)		
		geve rise to immediate cause (e), stating the DUE TO		
	2	underlying cause last. (c)		
_	NO	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
7	CAT			YES NO NO
	CERTIFICATION	20b. OESCRIBE HOW INJURY OCCUI PRIMARY GO CONTRIBUTING CAUSE OF DEATH.	RREO. (Enter nature of injury in Part I or Part II of Item 1B.	
		CAUSE OF DEATH.		
	CAL	factor	CE OF INJURY (Home, farm, 2Df. (City or town) (Coury, street, office bldg., etc.)	nty) (State)
	MEDICAL	Hour a.m. While Not While et work	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
		21. I certify that I took charge of the remains described above, held	d an Autopsy 🔲 , Inspection 🚺 Inquiry 🗒 ,	and in my opinion
		death resulted from: Natural causes Accident, Suid	cide , Homlcide , Undetermined manner	
		a thoog without	CHIEF MEDICAL EXAMINER	
		SIGNATURE TO COLOR OF THE SIGNATURE TO SIGNATURE SIGNA	_M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
1		EXAMINER'S	DEPUTY MEDICAL EXAMINER	17/11/10
2		NAME (Type)	Address (Street, city, town, or county)	1/44
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	K	TURIAL 11-14-1766 31, 0/AMIDI	HAUS DUNDALK	TYV.
	24.	FONERAL DIRECTOR ADDRESS		SIGNATURE SUSSE
	10	HN M. WEBEK WOOKS INC 4015. CHESTER	ST. DATE NOV 14 1300	0 20

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TO DEPUTY MED please executs

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY BALTIMORE MARYLANO b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) C. LENGTH OF STAY IN 1b by write RURAL and give nearest town) 24 HR3. Sykesville BAUTIMORE BALTIMORE = filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS 72 BOX 233, SYLESVILLE, Hd GREATER BARTMARS HEDICAL CENTER within letely NAME DE Middle Last DATE remove carb DECEASED BASY GIRC BOGGS NOV. (Type or print) DEATH 5. SEX 6. CDLOR OR RACE 8. OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO NEVER MARRIEO last birthday) Months | Oays 10/30/66 WIDOWED OIVORCED [5 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR physician on please r 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY and Baltimore, Maryland CHILD certificate 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending phermit. Then remova Boggs. DORIS ANN B0665 the attenuit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 님 (Yes, no, or unkown) (If yes give war or dates of service) PARSNTS NO cremation. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] in signed by the burial-transit burial, cremat PART I. OEATH WAS CAUSED BY: attending physician. RESPIRATORY IMMEDIATE CAUSE (a) **OUE TO** been sig Conditions, If any, which gave rise to immediate まま QUE TO cause (a), stating the as th IMMATURITY underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use for use Health certificate 2Da. ACCIOENT WAS UNDERLYING DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of I this MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. After Not While at work at work retained P NOV. ø 21. I certify that & (this hospital) attended the deceased from Oct. 30, DIRECTOR: nou 19.66, and that death occurred at 3 M. from the causes and on the date stated above. saw the deceased alive on. S 22a. SIGNATURE 3 page ATTENDING PHYS. OIRECTOR PHYS. M.O. FUNERAL PHYSICIAN'S 22d. AOORESS 22C. director, p NAME (Type) IARGARET E. GREAKE Baltomore Midical Conter BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY OATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) MIRALIM

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MARYLAND STATE DEPARTMENT OF HEALTH

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12. CITIZEN DF WHAT

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REGISTRAR'S SIGNATURE

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e. IS RESIDENCE DN A FARM?

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INTERVAL BETWEEN

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WAS AUTOPSY

NO

(State)

PERFORMED?

YES __

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BALTIMALS

VR A15 (4) 20M 1/65

FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15176 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a. COLUNTY timore b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) ourson lowson d._NAME OF HOSPITAL_OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? rottley Road Manor Home YES NO X 4. DATE OF DEATH 3. NAME OF First Middle Last Manth Year DECEASED Dognanne November (Type or print) AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Jast birthday) Days Haurs temale aucasian K WIDOWED DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) during most of warking life, even if retired) INDUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME armela Petralia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, grunknawn) (If yes give war or dates af service P. Boananni, 5927 INTERVAL BETWEEN ONSET, AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour a.m. foctory, street, affice bldg., etc.) While Nat While 21. I certify that (I) (this haspital) attended the deceased fram. 19.66, and that death accurred at 6 PM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S

23o. BURIAL, CREMATION,

NAME (Type)

66.

23c. NAME OF CEMETERY OR CREMATORY Redeemer

emeter 250. REC'D BY REGISTRAR

23d. LOCATION (City or Town) (County)

(Stote) 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

within 24 haurs after death

requires that the death certificate be executed

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O FUNERAL DIRECTOR: After this

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24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item #2c & d b. COUNTY Harford Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 yrs.4 days Catons ville 28/./Maryland/ d. STREET ADDRESS Wade Avebus

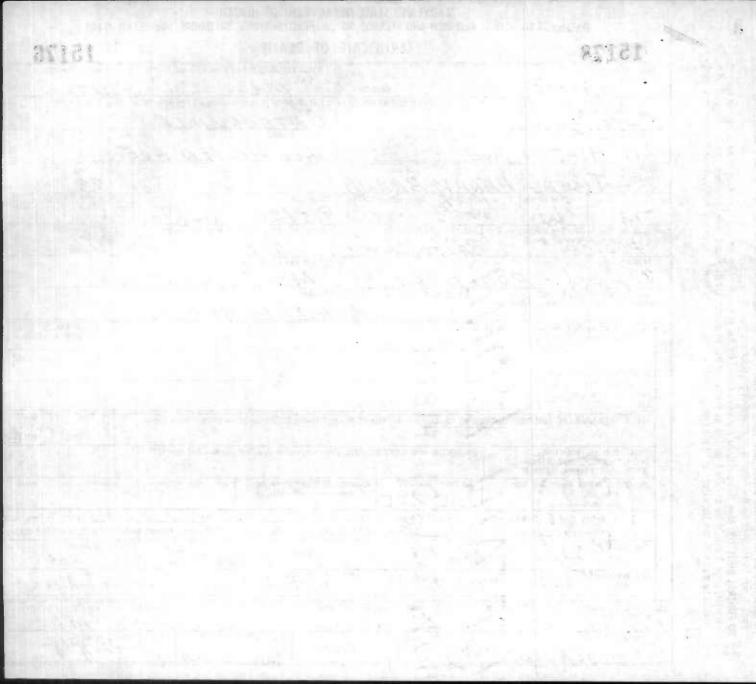
by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission deal o. COUNTY Baltimore after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) I campletely filled in by the mave carban papers. Page ny event, within 72 haurs af Catonsville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Spring Grove State Hospital YES NO DO 3. NAME OF Middle 4. DATE DECEASED OF DEATH 24 November 66 M. BOYD LAURTE (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE BIRTH remave NEVER MARRIED lost birthdoy) Doys Hours WIDOWED DIVORCED White by the attending physician and transit permit. Then please rem cremation, ar removal, and in an Male White 10b-KIND OF BUSINESSOR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during matter working life even if retired) COUNTRY? Havre de Grace 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CALLTE ALLENDER WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give world dotes of service) RECORDS: Spring Grove State Hospital INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, cremation ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Myocardial Infarction Sudden be retained by the haspital ar attending physician. (b) Arteriorsclerotic Cardiovascular heart disease B yrs. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to (c) Arteriorsclerosis - generalized 3 yrs. lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION NO S 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work NOV. 24 21. I certify that (I) (this hospitol) attended the deceased from 11-20-63 to M, from causes and an the date stated abave. saw the deceased alive on 11-21-1966, and that death accurred of 5:30 220. SIGNATURE 22b. DATE SIGNED 11-25-66 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may Young, M.D. J. Anthony 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FÜNERAL DIRECTOR 2So. REC'D BY REGISTRAR liarles VR A15 (4) 20 M 1/66 1966

executed within 24 haurs after requires that the death certificate be ATTENDING PHYSICIAN: The law

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

MIN		15178	CERTIFICATE	OF DEATH		15176
funeral 1 and 2 ter death		PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where	deceosed lived, if institution: Reb. COUNTY	esidence before odmission)
Jes 1 after		BALTO	MARYLAND	Md	15	ALTU
y the f Pages urs afte		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporote limits, write RURAL on	d give neorest town)
s. Pag haurs	1	ATONSVILLE		CATONS	VILLE	53-1
.=		d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
odn pape within 72	-	210 HILTON AUG		210/1/1	TON AVE	YES NO
an. by the attending physician and campletely filled in by the furansit permit. Then please remave carban papers. Pages 1 rematian, ar removal, and in any event, within 72 haurs after.	3.	NAME OF First DECEASED (Type or print) TOSEPH HAK	Middle PAY BRAND	Lost 4.	DATE Month OF DEATH NOV	23 1966
ampl ave c	5.	SEX 6. COLOR OR RACE 7. MAR		. DATE OF BIRTH	9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS.
and c remo	10	m WIDO		1/5/20	46 YIS.	10 CITIZEN OF WHAT
ician ar lease r and in		ng monof working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sto	te, or foreign (ountry)	12. CITIZEN OF WHAT COUNTRY?
sician please I, and i	13.	FATHER'S NAME	ALTO, CO. MA	14. MOTHER'S MAIDEN NAME		0,5,
49 8		J. HADAL BAA	UD SP	MINIMI	HARTUR	16
E E	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	U
attendi permit. an, ar r	(Ye	s, no, or unknown) (If yes give wor or dotes of service)	De	BATUL T	RODAIN	
an. by the att transit per crematian,		18. CAUSE OF DEATH (Enter only one couse per li	ne for (o), (b), ond (c).)	1011111	THU D	INTERVAL BETWEEN
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physical signer burial burial		Conditions, if ony, which gove to immediate couse (o), (b)				
De n o		stoting the underlying couse				
tendir as th as th priar		last. (c)	This To DEATH BUT HOT BELLTER TO T	Ur yranhiai merice complyi	ALL CONTAINS DADT 1/ 1	I 19. WAS AUTOPSY
he he h	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART I(0)	PERFORMED? YES NO
ficate far us f Healt	RIFIC	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	or Port II of item 18.)	
ospi certi hed hed		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
the hospi this certi detached e Dept. o	MEDICAL	Hour o.m.	While Not While focto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
by Mfter be Stat		p.m. 19 a certify that (I) (this hospital)	attended the deceased from	3 deal 196	6, to Ten-23,	1966 that (I) (we) la
R: A		saw the deceased alive an 18	19 66, and that	death accurred at 6/	M, fram causes and	an the date stated abav
sho sho vith		220. SIGNATURE	0.1 1	ATTENDING MED	STAFF - 2:	2b. DATE SIGNED
be r		poteno hes	het 7 . M.D	. PHYS. 💆 DIRE	CTOR PHYS.	11-23-66
Page 4 may be O FUNERAL DII director, page shauld be filed		22c. PHYSICIAN'S JOHNA.NE	SBITT DR	1009 Frede	rich Pd, Balten	one had 2/228
Page 4 may be of FUNERAL DII director, page shauld be filed	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (Stote)
5 5 g & V	2	REMOVAL (Specify) 11/26/6	6 LORRAIN	IE.	BALTO CO	o. Md.
VR A15 (4)	24	FUNERAL DIRECTOR	BOI FREDERIC	2So. REC'D BY	- a Wilson	AR'S, SIGNATURE
20 M 1/66	15	12, MACNABIS	7177	DVEU/ 5	8 1966 /	0



	AL RESEARCH AND RECORDS,	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201
15179	CERTIFICA	ATE OF DEATH	15177
1. PLACE OF DEATH 0. COUNTY BALTIMORE	MARYLAND	O. STATE MA DEZT AND	ed, if institution: Residence befare admission) b. COUNTYBALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HALETHORPE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate lim	its, write RURAL and give neorest town) :
d. NAME OF HOSPITAL OR INSTITUTION (If not in 1219 FRANCIS AVENUE,		d. STREET ADDRESS 1219 FRANCIS AVENU	E, 21227 PE. IS RESIDENCE ON A FARM? YES NO [X
3. NAME OF First DECEASED (Type or print) BESSIE	Middle	Lost 4. DATE OF DEATH	Manth Doy Year 11 16 1966
	. MARRIED NEVER MARRIED WIDOWED XX DIVORCED		(In years birthday) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) HOMEMAKER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, or fareign of MARYLAND	country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME DAVID	RING	14. MOTHER'S MAIDEN NAME LYDIA ZIMMERMA	N
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of so	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MR. ZIMMERMAN RING, 1:	Address 250 FRANCIS AVENUE,#27
18. CAUSE OF DEATH (Enter only ane couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Om 00.	leal Anfair	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave (b) rise to immediate couse (a),	alercos	elevasis Genes	ealeged
lost. (c)		TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour am	205. DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in Part I or Port II of	YES NO
20c. TIME OF INJURY Manth, Doy, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f. (City	or town) (County) (State)

certify that (I) (this hospital) attended 19 6 6 that (1) 5:08 M, fram couses and on the dote stated above. ond that deoth saw the deceosed alive on occurred at 22d. SIGNATURE 22b. DATE SJGNED

PHYSICIAN'S NAME (Type) 22c. JOHN C. HEALY

ATTENDING PHYS. 22d. ADDRESS MED. DIRECTOR

STAFF PHYS. 1311 FRANCIS AVENUE,

BURIAL, CREMATION BURENDYAL (Specify)

23b. DATE THEREOF 11-19-66

23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY LOUDON

23d. LOCATION (City or Town) BALTIMORE,

(Caunty) MARYLAND (State)

21227

24. FUNERAL DIRECTOR

ADDRESS HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 21227 250 NET D BY REGISTRANGE DATE

VR A15 (4) 20 M 1/66

sly Med in by the funeral per papers. Pages 1 and 2 within 72 haurs after death.

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camprately director, page 3 should be detached far use as the burial-transit permit. Then please remove cappets directar, page 3 should be detached far use as the burial-transit permit. Then please remove cage should be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event,

Page 4 may be retained by the haspital ar attending physician

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15180 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. CDUNTY af MARYLAND delay e State Department 72 haurs after deat b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b. c. CITY OR JOWN corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? not in hospital, give street address) d. STREET ADDRESS along with farm NO K be executed within 24 haurs after death. 3. NAME OF Year DECEASED OF DEATH the 19 66 within (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Haurs WIDOWED DIVDRCED Office and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) to certificate, writing the word "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME E F 16. SECURITY ND. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service ar remaval. 705-05-3624 18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) certificate should crematian, DUF TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTDPS) PERFORMED? rone. NO p 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. designated agent, 20d INJURY OCCURRED 20e. PLACE DF INJURY (Hame, form, (City ar town) (Stote) 20c. TIME DF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page the funeral director. Page ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry X and in my opinion Natural causes death resulted from: Hamicide | Accident | Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 5 may be reta TO FUNERAL DII Health ar its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) JAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)

2So. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

VR A15ME (5)

MALGE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase emove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15181
CERTIFICATE OF DEATH
15179

-										O T a	,
1.	PLACE OF DEAT				11:	. USUAL RESIDE		daceased lived, If b. COUN	Institution: Res		700000000000000000000000000000000000000
	Baltimore			MARYLAN		Maryla	nd				1
-		if outside corporete limit give neerest town)	s,	c. LENGTH OF STAY IN	116	c. CITY OR TOW	'N (If outside c	orporate limits, writ	e RURAL end	lve nearest to	wn) 🛴
3.	owson			lj yrs.	1.	Baltimore				30.4	
				pitel, give street eddress)		d. STREET ADDRE					RESIDENCE A FARM?
		ris Hospic	е			3401 Han	ilton	Avenu c ,	14		NO I
3.	NAME OF DECEASED	First		Middle		Last	4. DAT	E Mont	h	Dey Ye	Br
	(Type or print)	Josephine	_			Brod	DEA	тн 11		14 19	65
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED] 8. [DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.
	emale	White	WIDOWE		1 8	-6 1800		last birthdey)	Months De	ys Hours	Min.
10	. USUAL OCCUPAT	ION (Give kind of work	10b. KI	ND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (C	ounty & Stete,	or foreign country)	12. CITIZ	EN OF WHAT	COUNTRY?
	ouseling most of we	orking life, even if retire	d)						USA		
13	. FATHER'S NAME				1	4. MOTHER'S MAID	EN NAME				
	Charles	Emil Brod			P	hilippe					
		ER IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Address		1.105	
{T	no, or unkown) (lf yes give we rorde tes of so	Prvice)	3-25-0257	se	lf					
	LIS CATTER OF I	DEATH [Enter only one		no for (a) (b) and (a) 1						INTERVAL B	TYMEEN
		H WAS CAUSED BY:	cause per n	A CO	-					ONSET AND	
	PART I. DEAT	IMMEDIATE CAUSE (+)		ASCV.	1						
	260x	DUE TO		1. 1.	1	50					
	Conditions, if en	, which \ (b)		Surver	the	Mellih.	•				
	geve rise to immed	DILL TO		27							
	(a), steting the u	inderlying		0 me	in	nen					
_) (c)	HONE CON	TOURISTING TO DEATH AND			NILL BIEST	CC COLIDITION OF	(5) 101 5 4 5 7 4	1 10 1146	
Ó	PART II. OTHE	K SIGNIFICANT CONDI	IONS CON	TRIBUTING TO DEATH BU	II NOT	CELATED TO THE TEN	KMINAL DISEA	SE CONDITION GIV	EN IN PART 1		ORMED?
A	No. of the last									YES	NO [
CERTIFICATION		AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injur	ry in Pert I or F	Pert II of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
CAL	20c. TIME OF INJU	JRY Month, Day, Yee	r 20d. l	NJURY OCCURRED 20e		OF INJURY (Home,		City or town)	(Count	у)	(Stete)
MEDIC	Hour e.m.		While et work	Not While	fectory	, street, office bldg.,	etc.)				
2	p.m.	19									
				led the deceased fr							
	saw the decea	sed alive on	V. L	19.6 and	that de	eath occurred at		om the causes	and on the	date state	d above.
	22e. SIGNATURE	1		1 1	100						b. DATE
		MUNI	· W	1 alloud) M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
	22c. PHYSICIAN'S	7-0-0-7	14	murines)	, M.D.	22d. ADDRESS		- mar [1]			
	NAME (Type	Robert J	Maho	n,M.D.		220, 7,00,000					
23	BURIAL, CREMAT	ION, 236. DATE THER	EOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23 d. LC	OCATION (City, to	wn or county)	(State)
	REMOVAL (Specify)	Nov. 1	7,66	New Car	thed	ral	I	Baltimore	, Bal	timore	, Md.
24	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		25e.	REC'D BY REC	SISTRAR 256. RE	GISTRAR'S SIG	SNATURE	
		Brooks TOW	son.	Towson, Md			11011		non!	les Jus	her
_	WILL COOK	DIOURS IOM	,	LOWBOIL, IId	•	DATE	NUV	7 1966	1	00	1
}									W	Sec.	

in. Note-proper Towns, Townsty Mr.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, B CERTIFICATE OF DEATH	ALTIMORE 1, MARYLAND
19185	CERTIFICATE OF DEATH	15180

1.	PLACE OF DEAT				a. STATE		re deceased lived, If in b. COU	NTY		
	Balt	imore		MARYLAND	Mary	land	Ba corporate limits, w	ltimo	re	
	write RURA	WN (if outside corporat L and give nearest tow	e iimits, n)	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside	corporate limits, w	rite RURAL	and give near	est town)
(Catonsvi	lle			Dundall	k			03.	
	d. NAME OF HO	DSPITAL OR INSTITUTION	N (if not In h	ospital, give street addres	s) d. STREET ADDRE	ESS			6. IS R	ESIDENCE FARM?
H	ouse in	Pines, Fusti	ng Ave.		7921 Hola	abird	Ave.		YES	NO X
3.	NAME OF DECEASED	Fi	st	Middle	Last		ATE Mont	h	Day 1	'ear
	(Type or print)	LENA	I.	BROWN		D	EATH NOV. L	1.1966	19	1
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		19 AGE (In years	LIFTINDER	1 YEAR HELINE	
	Female	White	WIDOWED	DIVORCED	Dec.21,188	88	last birthday)	Months	Days Hour	s Min.
102	USUAL OCCUPA	TION (Give kind of work king life, even if retire	one 10b. K	IND OF BUSINESS OR	11. BIRT HPLACE	(County & S	State, or foreign country		TIZEN OF WH	AT
Gui			"	NUUSIKI	Frederic	ole Co	Md	Cu	UNTRY?	
13.	At Ho	WE .			1 14. MOTHER'S M					
	Davri	d Specht			Mary A					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	, INFORMANT		Addre	SS		
(Ye		(If yes give war or dates o	service)	Mana No.	- Tidaa Dawaa	[7]	10 TT-7-1-1-	. A	D 3-1	11-
_	No	DEAMIL FE-1			.Edna Ruger	mer,/1	149 HOLEDII	d Ave		
				ine for (a), (b), and (c).]					ONSET ANI	DEATH
-	PAKI I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Hun	Enrola In	untereno	4			120	5
	4221	DUE			10-	1				
	Cenditions, If	any, which	(h) Clest	ric Marray	dilis				10%	> -
	gave rise to		το .		1				- 0	
	cause (a), s	stating the	Den	valis of MA	Terrosoler	120			1030	0
S		SIGNIFICANT CONDITIO	NS CONTRIBL	ITING TO DEPTH BUT NOT BE	LATED TO THE TERMINA	AL DISEASE	CONDITION GIVEN IN	PART1(a)	119. WAS	AUTOPSY
ATI				- ING TO DEATH DOT NOT NO	LATED TO THE TEXABLE	NE DISENSE	OMDITION GIVEN IN	174112(0)	PERF	DRMED?
FIC	00- 10010-	THE STATE OF THE S	1 001 -						YES	NO Z
CERTIFICATION	OR CONTRIBUT	TWAS UNDERLYING ☐ TING ☐ CAUSE OF DEAT OTIFY MEDICAL EXAMIN	20b. [H IER)	DESCRIBE HOW INJURY OC	CURRED. (Enter nature	e of Injury	In Part I or Part II o	of Item 18.)	
AL	20c. TIME OF	INJURY Month, Day,	rear 20d.	NJURY OCCURRED 120e. P	LACE OF INJURY (Home	a. farm. 20	Of. (City or town)	(Cou	ntv)	(State)
MEDICAL	Hour a.	m.	While	fac	ctory, street, office bldg	., etc.)	(010) 01 00111,	(000	,,	(00-11)
Z		.m. 19	at work						,	
				ed the deceased from_			to 11-11-			
		ceased alive on	11-9	19.66, and th	nat death occurred a	tba. N	I, from the causes			d above.
	22a. SIGNATU	IRE I	1/		ATTENDING A	MED	07455	22b. DA	TE SIGNED	
		ous N. Jal	Lage	7	A.D. PHYS.	MED. DIRECTO	OR PHYS.	11-1	1-66	
	22c. PHYSICI NAME (T		100	12	22d. ADDRESS		4			
	ITAME (1	12 WILLA	11.15	3112927	6209 7	rederic	of ave Bal	limer	1.28.2	nd.
23a		MATION, 23b. OATE T	HEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	1 23d.	LOCATION (City, to	own or cou	nty) (State)
	REMOVAL (Sp Burial	Nov. 14	1066	Mt. View			Alpha, Md			
24.	FUNERAL DIR		1	ADDRESS	1.25a	REC'D BY R	REGISTRAR 25h, R	FGISTRAR'S	S-SIGNATUR F	
		- Tilling	cute	rough	INUV	14	1966 Jell	mes	udge	
F.	. U. Higin	bothom. Elli	COLL U	LEV.MQ	DATE	ade alle	//	-/		

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Street succession monto intent

_		15183	CERTIFICATE	OF	DEATH		15	181
eat		PLACE OF DEATH				deceased liyed, if institution		ore odmission)
afficial death		a. COUNTY BALTIMORE	MARYLAND	a. S	MANUL	ANO b. COUN	BALTIMO	RE
urs afte		CHY OR TOWN (If outside carparate limits, write RURAL and give gearesy town)	c. LENGTH OF STAY IN 16	c. CHTY	OR TOWN (If ourside	carparate limits, write RUR	AL and give near	est tawn)
		MANGHIS 10WN	Zmeles		SALIM	ore	2/200	03.1
55		d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STRI	EET ADDRESS	11:00	21	e. IS RESIDENCE ON A FARM?
55		3A110. Co. Ge	N. HOSP	10	1/emp	lecliff)	Id 1	YES NO
		NAME OF First DECEASED	Middle R	1.0		DATE Month	Do	19 66
	S.	(Type or print) 6/E/OLOR OR RACE 7.	MARRIED NEVER MARRIED B.	DATE		9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		1/2	VIDOWED DIVORCED	12	-29-16	last birthday) yrs.	Manths Days	Haurs Min.
		USUAL OCCUPATION (Give kind of work dane ng most of working life; even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIF	RTHPLACE (County & Stot	e, or foreign country)	12. CITIZEN C	
		allaunland	Essex Manufacturies	10	allimon	e, Mil.	14.1	· Ch.
	13.	FATHER'S NAME	0 101	14. MC	OTHER'S MAIDEN NAME	0		
	15	Leo Whent &	nickless	FORM	MARIE C	WENS		
		WÅS DECEASED EVER IN U.S. ARMED FORCES? s, no, or, unknown) (If yes give war or dates of ser		FORMÁ	(-to)	Addres	is	
		NO W. W. II	unknown T	10:	SOLIHI	Necora	,	ITERVAL BETWEEN
		1B. CAUSE OF DEATH (Enter only one cause potential part 1. DEATH WAS CAUSED BY:	Garline for (a), (b), and (c).)		1 20 7 21 1			NSET AND DEATH
		IMMEDIATE CAUSE (a) _ DUE TO	in pragram su	mi	uy			
	1	Conditions, if ony, which gave) (h)	motal cinte	m.	: will	forfal		
		rise to immediate cause (a), Stoting the underlying couse	1 foresteus	en:		/	=	
	-	lost. (c)		-00				
-	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO TH	E TERM	IINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)		P. WAS AUTOPSY PERFORMED?
	ICAT	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED. (E	-4	Aura of internal a Dark E	D II - f i 10 \		YES NO
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	203. DESCRIBE HOW INJURY OCCURRED. (E	mer no	nure or injury in ron i	ar Part II of Hem. 16.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.			IURY (Home, farm, t, affice bldg., etc.)	20f. (City ar tawn)	(County)	(State)
	ME	p.m. 19	at work 🔲 at wark					
		21. I certify that (I) (this hospito sow the deceased alive on	attended the deceosed from	dooth	0-24-, 1964	PM, from couses of		that (I) (we) lost
		220. SIGNATURE	17 20, 010 11101	deoin	occurred or 72	- I m, nom cooses c	22b. DATE SIG	
	Œ	de	Jacque M.D.	PHY	ENDING MED.	TOR STAFF	1117	166
/		22c. PHYSICIAN'S NAME (Type)		220	d. ADDRESS	Cornel 7	ec. It	· dre
	23a	. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR CR	EMATO	RY 2	3d. LOCATION (City or Tow	n) (Coun	(Stote)
		BURIAL (Spegify) NOV. 10, 19	66 NEWCATHEN	ERA	The CEMENT	ev BALTIM	ORE IX	14,
0	24	FUNERAL DIRECTOR	ADDRESS		25p, REC'D BY J	REGISTRAR 25b. REC	ISTRAR'S SIGNATI	JRE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

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	Commence of the Service of the Commence of the	STABLESHIE CEANOR
	The Mark March Land W.	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTA after by the MARYLAND 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. rue 72 hours ? hours MARS TOWSON = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled within 72 completely ive carbon p within NAME OF DATE Last DECEASED OF event, (Type or print) DEATH executed SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. DATE 7. MARRIED NEVER MARRIED any and WIDOWED DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done) p physician hen please r 10b. KIND OF BUSINESS OR County & State. or foreign country) pe during most of working life, even if retired) INDUSTRY and HOMEMA certificate 13. FATHER'S NAME removal, attending ed by the attend transit permit. cremation, or re SOCIAL SECURITY NO. 17. Address (Yes, no. or Aunkown) (If yes give war or dates of service) death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by th The law requires that the PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) burial, DUE TO Conditions, If any, which been gave rise to immediate 다 다 다 DUE TO cause (a), stating the prior 1 underlying cause last. has as CERTIFICATION r this certificate h detached for use te Dept. of Health I for use the hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, be de State factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While retained by p.m. 19 at work at work FUNERAL DIRECTOR: A director, page 3 should hould be filed with the the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE pe ATTENDING M.D. PHYS. DIRECTOR Page 4 may TO HOSPITAL director, p 22c. PHYSICIAN'S NAME (Type) ADDRESS BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Buria New Cathedral FUNERAL DIRECTOR REC'D BY REGISTRAR

INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X DESCRIBE HOW INJURY OCCURRED. (Enter nature of Inlury in Part I or Part II of Item 18.) (State) (County) 196 6, that (1) (we) last and that death occurred at 3.45 Prom the causes and on the date stated above. GREATER BALTOTHED. CENTER BALTIMERE. MO 23d. LOCATION (City, town or county) (State) Md. Baltimore 25b. REGISTRAR'S SIGNATURE Sons

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

19

Hours

Months I

Days

12. CITIZEN OF WHAT

COUNTRY?

NO S

VR AI5 (4) 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15185	EKIIFICAIE	OF DEATH		15183
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	E (Where decessed lived, If	nstitution: Residence before admission
Baltimore	MARYLAND	. STATE Maryl	and b. coun	Baltimore
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits, write	RURAL end give neerest town)
Dundalk		Dunda	lk	03.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel,	give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
212 Cleveland Ave.		212 0	leveland Ave.	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	
(Typa or print) Charlotte		pbell	DEATH Novembe	er 23, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers	
Temale White WIDOWED	DIVORCED 🔀	June. 26. 18	93 lest birthdey) 93 73 yrs.	Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	F BUSINESS OR INDUST		y & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY
At home		Maryla	nd	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		1 0.0.1.
James Campbell				lgiese
-	AL SECURITY NO. 17.	INFORMANT	Address	8=020
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)		T	bell 109 S. Br	าดลูกัพลุง
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY,	(e), (b), and (c).]	Right	6-1	ONSET AND DEATH
IMMEDIATE CAUSE (e)		, regar	Jose	
Con Part William To The Control of t				
gave rise to immediate cause				
(a), steting the underlying DUE TO				
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT IN	OT OF LATER TO THE TERLIN	IN DISTASS CONDITION ON	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBO	TING TO DEATH BUT NO	OI KELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u>S</u>				YES NO 🔀
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item 18.)	
Hour a.m. While		ACE OF INJURY (Home, farm story, street, office bldg., etc.		(County) (State)
21. I certify that (I) (this hospital) attended to	the deceased from	nor. 21	1966, 10 hr 2	3, 1965, that (1) (we) las
saw the deceased alive on Mr. 23	1066 and that	death occurred at /2		
220. SIGNATURE C	, alld Illai	dealli occurred aiy.	P	22b. DATE
Demen Losar			AED. STAFF	SIGNE
27c. PHYSICIAN'S	N N	22d, ADDRESS	1 THIS. [
T NAME (Type)	o, M.D.	59 Dunda	lk Ave.	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	vn or county) (Stele)
DELACY/A1 (Speciful)	St. Matthew		Baltimore	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	D BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
Ullrich Funeral Home Dundalk,	Md.	DATE	NOV 28 1956	Marile Dusca
		10,116	יטטטן	I was from

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages ond 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours offset death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the degitimentificate be executed within 24 hours offer death. Poge 4 moy be retained by the hospital or attending physician.

9

MARYLAND STATE DEPARTMENT OF HEALTH

OF DEATH DIVISION OF VITAL RECORDS, Item 8 Film G383

15186

CERTIFICATE

15184

1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)					
	Balti mor	COUNTY MARYLAND				O. STATE BACKKYKKK					
	b. CITY OR TOWN (If outside corporate limit	s,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If or	utside corporote	limits, write RUI	RAL ond give	neorest town)
	write RURAL ond give neorest town) Catonsville				Baltimor	.6			30 -4	+	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol, g	give street oddress)		d. STREET ADDRESS					ESIDENCE A FARM?
I	House-in-	Pines Nurs:	ing Hom	10		4606 Manor	dene Ro	i.		YES	NO 🗌
	NAME OF DECEASED		rst	Middle	0	Lost	4. DATE OF	Mont		Doy	Year
-	(Type or print)	Helen				bell	DEATH	Nov. 2			9
2.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		Oct. 14/78	1879 9.	AGE (In yeors lost birthdoy)	Months 1	Doys Hou	DER 24 HRS.
100	INITAL OCCUPATION	Wh (Give kind of work done	MIDOMED	DIVORCED ND OF BUSINESS OR		11. BIRTHPLACE (County	P Ctata or formir	yrs.	12 (11	ZEN OF WHAT	
	ing most of working			DUSTRY		Ohio	& Stole, of foreig	gii couniry)		NIRY? USA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	STATE OF			
	Thomas	Campbell									
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17	NFORMANT M. Eng	اما	Addre	ess		
(16	es, no, or unknown)	(If yes give wor or dotes of	21	2-01-2331	ı	00 S. Augus	ta Ave.				
	1B. CAUSE OF D	EATH (Enter only one cou	se per line for	(o), (b), ond (c),)	0 1		10	2	1, 10	INTERVAL	
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Ce	rebal &	Liter	osclerosas	xthro	novac	~	ONSET AN	DUEATH
	4dd. DUE TO C. Rt home sleave.										
	Conditions, if ony, which gove rise to immediate couse (o),										
	stoting the underlying cause Due to Arteriosclarotic Cardio Vascular Descare										
		GNIFICANT CONDITIONS C	ONTRIBITING 1	O DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)		19. WAS A	UTOPSY
CERTIFICATION	TAKT II. OTHER SI	ottilicati conditions c	ONTRIBUTING	DOT NOT KEE	10	The ferminal plants co.	NOTHON OTTEN	11 7 70 1 107		PERFO YES T	RMED?
TIFIC	20o. ACCIDENT WA		20b. DE	SCRIBE HOW INJURY OF	CURRED.	Enter noture of injury in	Port 1 or Port 1	of item 18.)		1	
		CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Year		VJURY OCCURRED		CE OF INJURY (Home, formory, street, office bldg., etc.		City or town)	(Cou	nty)	(Stote)
ME	p.i	10	While of work	Not While of work	1001		F. 17	1			
	21. I certi	fy that (I) (th is hos	pital) attend	ded the deceased	fram	OCX 17 ,1	19.66, ta	Nov.	29, 196	e, that (I)	(we)-las
	saw the d		Nov-	28 1960,0	and that	death occurred at	12,26/M,	from causes			ed abave
	220. SIGNATURE	(A)	71	0	, M.E	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		TE SIGNED	16
	22c. PHYSICIAN'S	& for our	a f	X JAN	/	22d. ADDRESS			1 //	2/0	66
	NAME (Type	Harry L	Knipp	1001		4116 1	Edmonds	on Ave.			
230	BURIAL, CREMATIO	ON, 23b. DATE TH	EREOF	23c. NAME OF CEME	TERY OR	CREMATORY		TION (City or To	,	County)	(Stote)
	REMOVAL (Specify Burial	12-2-6	6	Druid Ri	dge	Cem.		timore,			
1	FUNERAL DIRECTO			ADDRESS			D BY REGISTRAR		GISTRAR'S SI		42
1	Vitzke F	.D4101 E	dmondsc	n Ave.		DATE OF	6 6	1966		0	0

VR A15 (4) 25M 1/67

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Item 18 Film 383 12-1-66 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15187 CERTIFICATE OF DEATH death. executed within 24 hours after death. completely filled in by the funeral 1. PLACE OF DEATH COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 write RURAL and give negrest tawn) within 72 hours Baltimore 21234 Towson d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 3117 E. Joppa Rd. St. Joseph Hospital 3 NAME OF 4 DATE Middle Last DECEASED CARNEY Mildred DEATH (Type or print) S SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove last birthday) 11-12-1882 any Female WIDOWED DIVORCED puq 10a. USUAL OCCUPATION (Give kind af wark dane during most af warking life/even if retired) 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 1Db. KIND OF BUSINESS OR requires that the deoth certificate be **INDUSTRY** Maryland pleas CAChor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phys permit. Then p remova OMAS Ne 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) 0 cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p buriol, cremoti PART I. DEATH WAS CAUSED BY Respiratory insufficiency IMMEDIATE CAUSE (a) physician. DHE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause as the prior to has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Dept. of Heolth Carcinomatosis of lungs: Metastatic from breast 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? I NO [YES Month Day Year 19 66 November 21 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs 12. CITIZEN OF WHAT COUNTRY? A INTERVAL BETWEEN ONSET AND DEATH massive bilateral pleural effusion and atelectasis (pleural effusion was produced by a malignant process WAS AUTOPSY PERFORMED? YES X NO (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at wark 19. 66, to 1966, that (we) lost 21. I certify that (A) (this hospital) ottended the deceased from. 11/21 19 66, and that death occurred at 1 # OM, from causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE MED. STAFF PHYS. **ATTENDING** 11-21-66 M. P PHYS DIRECTOR 22d. **ADDRESS** 22c. PHYSICIAN'S Revnaldo Orjuela-Gomez, M.D. NAME (Type) 7620 York Rd. Baltimore, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION-(City or Town) (County) (State) 23a. BURIAL, CREMATION RIMOVAL (Specify) KWOOd 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

by the hospital or attending TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: detached pluods be retained director, poge 3 should be filed v Page 4 may 1

VR A15 (4) 20 M 1/66

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24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

			IISTICAL R	ESEAK			JUI W. PRESIL	_	I, BALTIMU	KE I, N	IAKYL	LAND	
	15188	3			CERTIF	ICATE	OF DEATH	H			1	518	2
1.	PLACE OF OEATI	Н					2. USUAL RESIDEN	CE (Where de			esidence	before ac	mission
	Baltimo	re			MAD	YLAND	a. STATE	hae free	b. COU		time	270	
	b. CITY OR TOW Write RURAL	N (If outside	corporate limits	. 1 c.	LENGTH OF STA		c. CITY OR TOWN (I	ryland foutside cor	porate limits, w				st town)
			est town)		.0								,
-	d. NAME OF HOS		TITUTION /if no	t In hoon	38 Yea	nddross)	d. STREET ADDRESS	ndalk			- 10	, IS RES	LOENCE
	d. IVAME OF 110	STIME ON INS	111011011 (11110	t iii nospi	ital, Rive Street	audi ess)	u. SINEEI ADDRESS				9		FARM?
	714 014	North	Point Ro	ad			714 Old No	orth Po	int Road		1	ES 🗌	NO 💂
3.	NAME OF OECEASED		First		Middle	7 4 1	Last	4. DATE	Mont	h	Day	Yea	ar
	(Type or print)	S	amuel		C.		Carson	OEATI	Novemb	per	30	196	56
5.	SEX	6. COLOR OR	RACE 7. MAR	RIED 🔀		ED 8.	OATE OF BIRTH	9.	AGE (In years				
	Male	White	WIDO	WED	DIVORC	EO	10/29/98		last birthday) 68 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPAT	ION (Give kind	of work done 1				11. BIRTHPLACE (C	County & State		y) 12. C		OF WHAT	
dur	ing most of work	ing life, even	1030		STRYSMELT	ing &	Manual and				DUNTRY		
	FATHER'S NAM		Ame	rica	a Refin	ing Co	Maryland 14. MOTHER'S MAI	DEN NAME		U.	S. I		
241													
2 17	George			1 10 000				Sittler	•				
	. WAS DECEASED			16. SO	CIAL SECURITY N	10. 17. I	NFORMANT (Wife)	Addre	ss Dund	alk	Md.	
	No			212	-10-1591	Nel	Lie Carson	714 0	ld North	Poin	t Ro		10.7
1	18. CAUSE OF	OEATH [Enter	only one cause	per line	for (a), (b), and	(c).]	1					RVAL BE	
	PART I. OI	EATH WAS CAU	SEO BY:	1	todati.	1115	DISEASE	2				Mo	
	201X	IMMEDIATE			1					**			
	Conditions, If	anv. which \	DUE TO										
	gave rise to	Immediate ((b)										
	cause (a), s		DUE TO										
Z	underlying caus	- /	(c)	TRIBUTIA	IC TO DEATH DUT	MOTOFIAT	EO TO THE TERMINAL	DICEACE COA	IDITIONCIVENIA	I DADT 1(a)	119.	WAS AL	ITOPev
CERTIFICATION	PART II. OTHERS	SIGNIFICANIC	ONOTTONS CON	IKIDUIII	IG TO DEATH BUT	NOIRELAI	EU IU INE IERWINAL	DISEASE CON	EDITION GIVEN IN	FARTI(a)		PERFOR	RMED?
FIC						11/	1/10				YE	s [NO X
E	20a. ACCIDENT OR CONTRIBUT	WAS UNCERLY	OF OFATH	Ob. OES	CRIBE HOW INJ	URY OCCUR	RED. VEnter-nature	of Injury In P	art I or Part II	of Item 18	.)		
- 1	OR CONTRIBUT	TIFY MEDICAL	EXAMINER)			_							
MEDICAL		INJURY Mont	h, Day, Year 2	Od. INJU	RY OCCURREO	20e. PLAC	E OF INJURY (Home, f		(City or town)	(Co	inty)	(State)
	Hour a.r		19	While work	Not While at work	Tactory	, street, office bldg.,	elc.)					
2						from ()	7-	1966, to	Nov. 3	2 10/	6 11	ot (I) (s	uo) las
		ceased alive		23	the deceased		death occurred at	TIL CAR S	om the course				
	22a, SIGNATU		UII 70 U ;	1		and that	ueath occorred ay.	141, 11	OIII the causes	22b. [1 anuve
2	ZZu. Opiny	MAN	110				ATTENDING	MED.	STAFF			-196	6
	22c. PHYSICIA	INIS	Tava			M.D.	PHYS. 20	DIRECTOR	_ PHYS	Doc) • JE	-1.70	-
	NAME (T	ype)	und as D D	3 -	M D				D4 D	3-71-	Ma		
2.5			vin B. D		м. D.	A = 1.1 = =	6800 Morn						4040
23a	REMOVAL (SPENDENCE)	MATION, 23b. ecify)	DATE THEREO		3c. NAME OF			23d. L	OCATION (City, t			_	tate)
			2/3/66	1	Oak Lawn	Cemer				imore			ind
24	. FUNERAL DIRE	ECTOR			ADDRESS				ISTRAR 25b. F	PEGISTRAR	SSIGN	ATURE	LAE
	John J.	Duda	7922 Wi	se Av	e. Dund	alk, h	d. DATE	DEC 2	1966	1	, 00	1	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by joian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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noniera, pro-	A P	Oak Lawn Comotory	John J. Duck 7322 Wide

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then piece remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAN
19199	CERTIFICATE OF DEATH	15187

15189 CERT	TIFICATE OF DEATH 151	87
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residen	ce before admission)
	MARYLAND a. STATE MARYLAND B. COUNTY AS H	INISTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) M. C. LENGTH OF		
Mount Wilson Show	nths HAGERSTOWN	21.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	reet address) d. STREET AOORESS	e. IS RESIDENCE
Mount Wilson State Hospital	161 N. JONATHAN	ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print) A NIE Middle	Last 4. DATE Month OF DEATH 11 2	2 19 6 6
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MAR	ARRIEO 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
	ORCEO 2/10/94 72 yrs. Mondis days	Hours Will.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY	SS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEI	
	TIC VIRGINIA IN	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
KOB 15088	KATE COXSO	N
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	TYNO. 17. INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) 220 - 02 - 68	62 Records, Mt. Wilson State Hospit	al
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), at		TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0	ISET AND DEATH
1101 V	2010 010 110 110 10 111	1 charge
Conditions, If any, which		
gave rise to immediate		
cause (a), stating the OUE TO		
underlying cause last. O D 2 / (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	. WAS AUTOPSY
E D I		PEREORMEO?
20a, ACCIOENT WAS ONDERLYING I 20b. DESCRIBE HOW		res No
PLL METHONS TO SECRETORIS. 20a. ACCIOENT WAS ONDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRE	factory street office bldg ato	(State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED Hour a.m. While at work at work at work	activity, salest, united blugs., etc./	
21. I certify that W (this hospital) attended the decease	sed from 8/15, 1966, to 11/22, 1966,	that HT (we) last
saw the deceased alive on 11 /22 19 66		
22a. SIGNATURE	22b. OATE S	
Marremy	M.O. PHYS. MEO. STAFF 11 /2	3/66
22c. PHYSICIAN'S	22d. AOORESS	1
Wm. Newcomer, M.D., Superinten	ndent Mount Wilson, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME O	OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
DEMOVAL (Concilia)	n Valley Cemetery Berryville, Vi	
24. FUNERAL DIRECTOR ADORESS		
John H. Enders Funeral Home	MILE C, DATE NOV 28 1956 Rolland	Δ.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15190 CERTIFICATE OF DEATH 15188

1.	PLACE OF DEAT a. COUNTY	н Baltimore		a, STATE_	E (Where deceased lived, If institution b, COUNTY	
-	b. CITY OR TOW	N (if outside cornorate limits	MARYLANO c. LENGTH OF STAY IN 1b	Maryland	outside corporate limits, write RU	IRAL and give nearest town)
	write RURAL	and give nearest town)	WELLOW OF STATE IN 15	Baltimor		30-4
	d. NAME OF HO	SPITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET AOORESS		e. IS RESIDENCE
	8	t. Joseph Hospi	tal	5230 York	Rd.	YES NO
3.	NAME DF DECEASED (Type or print)	First	Middle Joshua	Last Carter	4. DATE Month OF OEATH November	0ay Year 8 19 66
5.	SEX	6. COLOR OR RACE 7. MARI	RIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN	IOER 1 YEAR IF UNDER 24 HRS.
	Male	white woo	WED OIVORCED	Jan. 1 1889	yrs.	ths Days Hours Min.
10a dur	ring most of work	red Auctionee	INDUSTRY	11. BIRTHPLACE (CON	1	2. CITIZEN OF WHAT COUNTRY?
13.	. FATHER'S NAW	IÉ .		14. MOTHER'S MAID	EN NAMÉ	
	Frank	elin Carter			vans	
		EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)		INFORMANT	Address	
	no		Mr	is florence	e P. (arter	same
1	18. CAUSE OF	DEATH [Enter only one cause	per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART 1. OI	EATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	Acute myocardia	l infarction	1	ONSET AND DEATH
	4201	DUE TO				
	Conditions, If gave rise to		coronary throm	bosis.		
	cause (a), s	Dute 20				
b	underfying caus					
FICATION	PART II. OTHER	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMEO?
ICA	Arteri	osclerotic card	iovascular diseas	se.		YES X NO
CERTIF	OR CONTRIBUT	WAS UNDERLYING 20 ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of Iten	n 18.)
SAL	20c. TIME OF	INJURY Month, Oay, Year 20	d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)
MEOI	Hour a.r p.i		hile Not While factor	ry, street, office bldg., et	c.)	
	21. I certif	y that (this hospital) att	ended the deceased from	lov. 6 , 19	66, to Nov. 8, 1	9_66, that 1 (we) last
		ceased affive Nov.			5PMM, from the causes and	
	22a. SIGNATU	RE A O	GMID		AED STAFE 22b	. OATE SIGNEO
	22c. PHYSICIA	INIC LANGE	M.D		DIRECTOR PHYS. 2 1	1/9/66
	NAME (T	(pe) Reynaldo Orju	ela-Gomez, M.D.	7620 York	k Rd. Baltimore,	Md. 21204
2 3 a	. BURIAL, CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town of	r county) (State)
	burial (Spi	11-12-66	Parkwood (e	emetery	Baltimore,	Md.
24	. FUNERAL DIRE	0 0 1 0	AODRESS	250 OREC	D BY REGISTRAR 25b, REGIST	RAR'S SIGNATURE
1	eonard	J. Ruck Inc	Baltimore, Md.	DATE	14 1966 Julian	les Judge.

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		Division of STATIST		RCH AND RECORD		W. PRESTON STRE		MORE, MARY	LAND 21	201		
	15191	1001	. 270 1	CERTIFI	CATE	OF DEATH				151	189	
	PLACE OF DEATH o. COUNTY	BALTIMORE		MARYL	AND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE						
1	b. CITY OR TOWN (write RURAL one RT HOWAR	If outside corporate limits, I give neorest town) D		c. LENGTH OF STAY IN 16 DAYS	16	c. CITY OR TOWN (If ou	utside corporot	e limits, write RU	RAL ond giv	0 -	+	
		AL OR INSTITUTION (If not				d. STREET ADDRESS 1846 WEST	CADAM	OGA STRE	NINTE.		ON A FA	ENCE RM? NO X
_	NAME OF	ADMINISTRAT: Firs		Middle		Lost	4. DATE	Mon		Doy	YES Yea	
	DECEASED (Type or print)		SEPH			CARTER	OF DEATH	Novembe		28	19	
S.	SEX	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8.	10 28 09	9.	AGE (In years lost birthdoy) 7 yrs.	IF UNDER Months	Doys	Hours Hours	24 HRS. Min.
	USUAL OCCUPATION ing most of working LABORER	(Give kind of work done life, even if retired)	INI	ND OF BUSINESS OR DUSTRY FHING FACTO	DRY	11. BIRTHPLACE (County NEWBERRY			(1	ITIZEN OF OUNTRY?		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
		Y CARTER	Luc	ACIAL CECUDITY NA	1 17 10	ANNA RO	BINSON				ACD.	
15. (Ye	WAS DECEASED EVE es, no, or unknown) ES	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 240	OCIAL SECURITY NO. 0-12-97-19		N. REC. V	AH, FO	Addr RT HOWAF				
	18. CAUSE OF DI PART I. DEA	EATH (Enter only one cous IH WAS CAUSED BY: IMMEDIATE CAUSE (DITT		est.	ION AND EDE	MA				RVAL BETV	
	Conditions, if ony rise to immediat stating the underlast.	e couse (o), rlying couse DUE 1	ADE	NOCARCINOM	A LUI	NG, PRIMARY				បា	NKNOW	IN
ALION	PART II. OTHER SI			DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					D?		
CEKIIFIC		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCC	URRED. (I	inter noture of injury in	Port I or Port	II of item 18.)		7.		
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 20d. INJURY OCCURRED While Not While of work of wo									itote)		
	saw the d	fy that (1) (this haspeceased alive an No	oital) attend OV 28,	led the deceased f	ram_N nd that	death accurred at	19 66 , to 30 a. M	NOV. 2 , fram causes	and an	the date		ve) last abave.
	220. SIGNATURE F. Cewalt J. M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. D								11/2			
	22c. PHYSICIAN'S NAME (Type		. AWAI	T, JR., M.	D.	VET. ADI	M. HOS	PITAL, F	т. но	WARD	, MD	
230	BURIAL CREMATIC			23c. NAME OF CEMET		REMATORY K NATIONAL		TIMORE,		(County)	(S1	ote)
25	FUNERAL DIRECTO		W	ADDRESS TISON FUNE	RAL I		V 29	1966 25b. R	EGISTRAR'S	- 11	udge	
	1		2	004 Orlean	s St.	Baltimore	, Md.	*				

TO FUNERAL DIRECTOR: After this certificate has been signed by the affecting physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after dept.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death.

Page 4 may be retained by the haspital ar attending physician.

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Medical)	Briton Aug. Struke		7200	
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J. 15 15 15 15 15 15 15 15 15 15 15 15 15	APPEAR NOT LOS	e gerige generalists	. 3	
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	LHOPA	KIDSON FUNKA 2004 Orbans		

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15192	CERTIFICATE	OF DEATH		15190
	1. PLACE OF DEATH a. LOUNTY B. C. L. M. C.	MARYLAND	2. USUAL RESIDENCE (V.	There deceased lived if institution b. COUN	on: Residence befare admission) TY Baltimare
	b CITY OR TOWN (If outside corporate write RURAL and give nearest tay)	limits, c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IF our	tside corporate limits, write RUR	AL and give nearest town) mary land
		(If nat in hospital, give street address)	d. STREET ADDRESS 3610 Se	rest Grove	O 3 P. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print)	First Middle CA	STLEMAN	4. DATE Month OF DEATH	Day Year 25 19 6 6
	S. SEX F 6. COLOR OR RAC	7. MARRIED NEVER MARRIED DIVORCED D		9. AGE (In years last birthday) 79 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work during most of warking life, even if retired)	done 10b. KIND OF BUSINESS OR INDUSTRY	Virginia	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	Deatur Q	storne	14. MOTHER'S MAIDEN N	ame Osher	re Charles
	15. WAS DECEASED EVER IN U.S. ARMED FOI (Yes, no, or unknown) (If yes give war or o	RCES? 16. SOCIAL SECURITY NO. 17. Idates of service) 217-54-97947	INFORMANT	Addre	soil
	1B. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE (U	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a),	(b) Cargestine	Heef Tuil	len	wk.
	stating the underlying cause last.	(c)			Lie nuc allege
	Beneraler	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	ulalun	hiten	19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	20c. TIME OF INJURY Month, Day, Y Hour o.m.	19 While Nat While fact	CE OF INJURY (Home, form tary, street, affice bldg., etc.)		(County) (State)
	21. I certify that (1) (this saw the deceased alive of	s naspital) attended the deceased tram_	it death accurred at	8 A M, fram causes	, 19 <u>CC</u> , that (I) (we) last and an the date stated abave.
	22c. PHYSICIAN'S	Jeogr M.	D. ATTENDING PHYS.	MED. STAFF PHYS.	11/35/66
	NAME (Type)	ITE JHEREOF 235 NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tov	wn) (County) (State)
	REMOVAL (Specify) 24. FUNERAL DIRECTOR	27-66 Freenfill	2So. REC'D	BY REGISTRAR 2Sb. RE-	GEARTLE Va . GISTRAR'S SIGNATURE
1	Cid India	s was grette	MO DATE	NOV 28 1956	Minula . O. das

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in easy event, within 72 hours after death VR A15 (4) 20 M 1/66

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CERTIFICATE OF DEATH

15191

	TOTOD							24	
Ī	PLACE OF DEATH O. COUNTY Baltimore			MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where deceosed lived, if institution: b. COUNTY	Residence be	fore odmiss	ion)
Ī	b. CITY OR TOWN	(If outside corporate limits,	7. 1	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL	ond give neo	rest town)	
	Towson	d give neorest town)		Baltimore 21224				4	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not i	n hospital, g	give street oddress)	d. STREET ADDRESS			e. IS RES	IDENCE FARM?
	St. Jose	oh Hospital			2532 E. F	ayette St.		YES	NO 🗌
6.53	B. NAME OF DECEASED (Type or print)	Flore	ence	Middle	CHALLMES	4. DATE Month OF DEATH Novem		Doy 9	ear 66
9	s. SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years 1	FUNDER 1 YEA Months Doy	R IF UND	ER 24 HRS.
	Female	W	WIDOWED	DIVORCED	March 24, 1	899 67 yrs.			Min.
	0o. USUAL OCCUPATIO luring most of working Homemake			ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Coun	tys state or foreign country) -Phila., Penna.	12. CITIZEN USA	OF WHAT	
	13. FATHER'S NAME				14. MOTHER'S MAIDER				
	Isaiah B	ennett			Katherin	re?	1955		
	(Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates of s	ervice) 16.1 27		7. INFORMANT Mr. William	Nottingham 612	3 Eli	nore	Ave
F	18. CAUSE OF D	EATH (Enter only one couse ATH WAS CAUSED BY:		(o), (b), ond (c).)				INTERVAL BE ONSET AND	
	Conditions, if on rise to immedio stoting the undilast.	(b) te couse (o), erlying couse (c)	Pe:	ritonitis		CANDING OF THE BOARD AND AND AND AND AND AND AND AND AND AN		10. WAS ALL	TORCY
MATION.	PART II. OTHER S	IGNIFICANT CONDITIONS CON	IKIBUTING	O DEATH BUT NOT KELATED	IO THE TERMINAL DISEASE C	CONDITION GIVEN IN PART 1(0)		19. WAS AU PERFOR YES 🔀	MED?
MEDICAL CENTIFICATION	20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury i	in Port I or Port II of item 18.)			
MENTON	20c. TIME OF IN. Hour o.	URY Month, Doy, Yeor m. 19	20d. If While of worl	Not While	PLACE OF INJURY (Home, for foctory, street, office bldg., e		(County)		(Stote)
	21. 1 cert saw the c	ify that 🛝 (this haspi leceased alive an 11	tal) atten /12/	ded the deceased fram 19 <u>.66</u> , and	that death accurred	, 19 <u>66</u> , ta <u>11/12/</u> at l1:55 M, fram causes an		date state	(we) las ed abave
	22o. SIGNATURE	DRESon	idal	<u>C</u>	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE S 11/12		
	22c. PHYSICIAN' NAME (Typ		ao, M	.D.	22d. ADDRESS 7620 You	rk Rd., Baltimore	e, Md.	2120	4
F	BURIAL, CREMATI	ON, 23b. DATE THERI		23c. NAME OF CEMETERY		23d. LOCATION (City or Town) Baltimore, M		,,	(Stote)
F	24: FUNERAL DIRECT		'66	New Cathed	ral (emeter	D BY REGISTRAR 2Sb. REGIS	TRAP'S SIGNA	TIIRE	
	John a.	Moran In	c. 2 aos	6 Beltimore	Strat. DATE	NOV 16 1966	Charl	es Ju	daki

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then being remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaya, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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FOR STATE HEALTH DEPT.

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with the State Department of within 12 hours after death. **TO FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. File pages 1 and Z Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event S may be retained far yaur files.

VR A15ME (5)

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

151	.94	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15192			
PLACE OF DI O. COUNTY	Baltimore Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if inst o. STATE Maryland b. C	OUNTY Baltimore			
b. CITY OR TO write RUR	OWN (If outside carparate limits, AL and give neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)			
		6 weeks	Dundalk	03.1			
Res.	7402 Wenig Avenu	pitol, give street oddress)	d. STREET ADDRESS 7402 Wendig Avenue	e. 15 RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or prin	First	Middle	OF	both Day Year 9-1966			
S. SEX Male	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH August 10–1966 9. AGE (In years lost birthdoy yrs	Months Doys Hours Min.			
10o. USUAL OCCU during most of w	PATION (Give kind of work done orking life, even if retire NONE	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT			
13. FATHER'S N	Earl Chester S	re	14. MOTHER'S MAIDEN NAME Sandra Dennis				
1S. WAS DECEAS (Yes, no, or unkn	ED EVER IN U.S. ARMED FORCES? own) (If yes give wor or dotes of service		INFORMANT Parents, Earl & Sandra C	ddress hester			
PART	OF DEATH (Enter only one couse per li DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO If ony, which gove ediote couse (o), underlying couse (c)	NEOMON	14	ONSET AND DEATH			
PART II. OT	IER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO			
PRIMARY CAUSE OF D							
20c. TIME (ACE OF INJURY (Home, form, 20f. (City or town, ctory, street, office bldg., etc.)	(County) (Stote)			
21. 1	ertify that I taak charge af th	e remains described abave, h	eld an Autapsy 🔲 , Inspectian 🚾 Ir	nquiry and in my apinian			
death	esulted from: Natoral cause	es 🖾, Accident 🗌, Sui	cide, Hamicide, Undetermined	manner 🔲			
ACTUAL SIGNATURE	111/30	arri	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	11-9-1966 DATE SIGNED			
EXAMINER' NAME (Typ		ris, M.D. 6800	Morningtone Roadyn, Dundalk	, Maryland 21222			
230. BURIAL, CRI		23c. NAME OF CEMETERY OR Christ Luthe		Town) (County) (Stote) Maryland 21222			
24. FUNERAL D	RECTOR DUDA, Dundalk, 1	ADDRESS Maryland 21222	DATE PROSTED BY REGISTRATE 25by	COSTEAR REIGNATURE			

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IVI)		15195	;	CERTII	FICATE OF	DEATH		15193	
funeral and and er death			LACE OF DEATH	eltimor	e_ MAR		STATE WHAT	ere deceased lived, if institu b. cou	ution: Residence befare admission)	
nin 24 hours after filled in by the fu papers. Pages 1 thin 72 haurs after	90	1	NAME OF HOSPIT	outside corporate limits, digive nearest tawn) AL OR INSTITUTION (If not in the corporate limits)	c. LENGTH OF STAY in haspital, give street oddress)	6	PATON:	de corporate limits, write RU	URAL ond give neorest tawn) e. IS RESIDENCE ON A FARM? YES \(\sum \) NO	
ecuted within 2 campletely filler aver carban par			AAME OF DECEASED Type or print	First	M. CHRi	STIAN	10 ///	4. DATE Mor OF DEATH 9. AGE (In years	,,,,,,	
and campremary events	H	J. 3	7	6. COLOR OR RACE	7. MARRIED NEVER MARRIE WIDOWED DIVORCE		2/88	last birthday)		lin.
stificate be exe physician and a en please rema aval, and in any	ľ	duri	ng møst af working	(Give kind of work done lite, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	/	Md.	State, ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?	
eath certific ending phys nit. Then p or remaval,		1	HARL	ES BAIL	EY	F	MOTHER'S MAIDEN NAI	- DOWL,		
attending permit. The	9			R IN U.S. ARMED FORCES? (If yes give war or dotes of s	16. SOCIAL SECURITY NO. service)	17. INFORM	ER CH	Add ARISTIAN	dress	
equires that the physician. signed by the burial-transit burial, cremat			PART I. DEA' Canditians, if any rise to immediat	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO , which gave (b) e cause (o),)	otic con	diovascu	ela desal	INTERVAL BETWEEN ONSET AND DEATH	
e law tending is been as the priar to	0	NOI	stating the unde last. PART II. OTHER SI	riying cause) (c)		LATED TO THE TER!	MINAL DISEASE CONDI	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO	17:
pital of the of the of the	0	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY O	OCCURRED. (Enter n	ature of injury in Par	rt I ar Part II of item 1B.)	YES NO	
by the haspi fiter this certifier the detached State Dept. o		MEDICAL	20c. TIME OF INJU Haur a.r	10	20d. INJURY OCCURRED While Not While ot wark at wark		JURY (Home, farm, et, office bldg., etc.)	20f. (City or town)	· (County) (State)
= p < p 0			saw the d	eceased alive an 🗽	Hal) attended the deceased	fram Feb. and that deat	, 19 h accurred at <u>6</u>	304 M, fram causes	7, 1966, that (I) (wa) s and an the date stated ab	la:
od Se pe			22a. SIGNATURE	ohna he	ubd J.	M.D. PH	YS. DI	ED. STAFF PHYS.	22b. DATE SIGNED 11-7-66	
SPITAL O 4 may be IERAL DII ar, page d be filed	1		22c. PHYSICIAN'S NAME (Type	JOHNA	· NESBITT	JR	2d. ADDRESS For	le hairela	balt. Tud 2/2	28
TO HOSPITAL OR ATTER Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld		7	BURIAL, CREMATIC REMOVAL (Specify	11/9/	66 MEAD	ETERY OR CREMATO	6E	23d. LOCATION (City or To		
VR A15 (4) 20 M 1/66	1	24.	FUNERAL DIRECTO	R QCNABB	301 FREOD 2122	RICKI	DATE NO	DV 1 0 1966. R	REGISTER'S SIGNATURE Judge	-

ge into

Items 18-21 Film 384 1-3-6 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15196	3	MED	ICAL EXAMINER'S	CERTIFICATE C	OF DEATH		15194
1. PLACE OF DEATH					Where deceased lived, if		e before odmission)
o. COUNTY	Baltimore	:	MARYLAND	o. STATE	Maryland	b. COUNTY	CAMOUNT.
b. CITY OR TOWN	(If outside corporate limit	s,	c. LENGTH OF STAY IN 1b		utside corporote limits, w	rite RURAL ond give	neorest town)
	ond give neorest town) Towson-rural			В	altimore		30-4
d. NAME OF HOSE	PITAL OR INSTITUTION (If no	ot in hospitol,	give street oddress)	d. STREET ADDRESS		_	e. IS RESIDENCE
	St. Joseph H	lospita	1	2912 Clea	arview Ave.		ON A FARM? YES NO 🔏
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE	Month	Doy Year
(Type or print)	Jo	seph		Clark	OF DEATH	11	21 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y lost birth		YEAR IF UNDER 24 HRS. Days Hours Min.
nale	white	WIDOWED	DIVORCED	6/30/1913		yrs.	Days Roots Min.
10o. USUAL OCCUPATI	ON (Give kind of work done ng life, even if retired)	10	IND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)		IZEN OF WHAT
Clerk	ng me, even in termedy	Sta	te of Md.	Maryland		USA	INTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
Unknow	n			Unknown			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
Yes	MATE T	2	16107732 Mr	s. Florence	M. Clark-	2912 Clea	arview Ave.
18. CAUSE OF	DEATH (Enter only one cou						INTERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Ac	ute placidyl	intoxicati	on		ONSET AND DEATH
888.	9 DUE	. ,					
Conditions, if or		(b)					
stoting the un	ote couse (o), DUE	TO					
lost.)	(c)					
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED?
AII							YES NO
20o. EXTERNAL PRIMARY SO OF CAUSE OF DEATH		20b. DE	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Port II of item	18.)	
	CONTRIBUTING I.		Ingested	overdose			
	NJURY Month, Doy, Yeor		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	m, 20f. (City or to	own) (Cou	nty) (Stote)
是 ? Hour	o.m. p.m. 11 21 19	66 While	Not While of o	ctory, street, office bldg., etc.	Baltimo	re Bal	timore Md.
			mains described abave, h	eld an Autapsy 🔽	Inspection ,	Inquiry ,	and in my opiniar
		al causes Γ		cide . Homicide		ned manner 🗵	
adam ros	1	a. tabsos [_		CHIEF MEDICAL			11.76
ACTUAL SIGNATURE	Illen	1.1.	2 - (-		DICAL EXAMINER 🔀		22. DATE SIGNED
EXAMINER'S	1 December 1	7.1.		DEPUTY MEDIC	AL EXAMINER		11/22/66
NAME (Type)	Werner	U. Sp	itz, M.D.	Address (Stree	et, city, town, or county)		
23o. BURIAL, CREMA			23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (Cit	y or Town)	(County) (Stote)
Burial (Spec	ify) 11/25/6	56	Baltimore Na	tional Cem.	Baltimore	. Maryla	nd.
24. FUNERAL DIREC	TOR		ADDRESS	2So. REC	D BY REGISTRAR	2Sb. REGISTRAR'S SI	GNATURE
Leonard	J. Ruck Inc.	5305	Harford Rd. #	LA DATE N	VOV 2 3 1dg	E m/-	.1. 0 .

VR A15ME (5)

3.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15197			CERTIFICATE	OF DEATH			151	95	
PLACE OF DEATH O. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary	there deceased Land	lived, if instituti b. COUN	TY _	efore admission)	
b. CITY OR TOWN write RURAL a	(If outside carparate limits, nd give nearest tawn)		c. LENGTH OF STAY IN 16 Doa-56-yes-	c. CITY OR TOWN (If out		limits, write RUF	AL ond give ne	arest town)	
	ITAL OR INSTITUTION (If not			d. STREET ADDRESS	9. 1000	OTHOL 6		e. IS RESIDENCE ON A FARM?	
St.	Heephs Hospi	ital		2913 Con	roy Co	unt		YES NO 19	
3. NAME OF DECEASED (Type or print)	Ernest 3		Middle SS	Last	4. DATE OF DEATH	Mont		Doy Year 8 19 66	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Feb. 10 .19		AGE (In years last birthday) 56 yrs.	Manths Da	AR IF UNDER 24 HRS. Iys Haurs Min.	
	ON (Give kind af wark dane		IND OF BUSINESS OR IDUSTRY Farming	11. BIRTHPLACE (County & Balto.	Stote, or forei	gn cauntry)	COUNT	N OF WHAT RY? U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME				
15. WAS DECEASED EV (Yes, na, or unknawn) NO	Lstoph Clas VER IN U.S. ARMED FORCES?) (If yes give war or dotes of DEATH (Enter only ane cous	service) 16.	217-36-3759	INFORMANT Mrs. Elizab	ia Wh	Addre		y Ct.	
PART I. DE 4201 Conditions, if an rise to immedia stating the und last.	IMMEDIATE CAUSE (IMMEDIATE CAUSE (IMMEDIATE CAUSE (IN, which gave ate couse (o), and couse (o), and couse (o).	(c) Co	rousing 7 h woendist entreeler	Implies Insuffice fibries	itin	7er	ce Ju	e.	
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING	to DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO	
OR CONTRIBUTIN	/AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DI	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	ort I or Port I	1 of item 18.)			
Hour o	o.m. 19	While at war	Nat While fac	CE OF INJURY (Hame, farm, rary, street, affice bldg., etc.)		(City or tawn)	(County		
21. I cert	tify that (I) (this hasp deceased alive an	oital) atten	ded the deceased fram_ 20_1966, and tha	t death accurred at	9, ta. 7 P_M,	fram causes	and an the	, that (I) (we) las date stated above	
22a. SIGNATUR	21. I certify that (I) (this haspital) attended the deceased fram / 950 , 19 , ta								
	22c. PHYSICIAN'S RALPIT GHILLS 22d. ADDRESS EACER STBALTO MD								
23a. BURIAL, CREMAT REMOVAL (Special	fion, 23b. DATE THEF		23c. NAME OF CEMETERY OR Parkwood			TION (City or To		unty) (Stote)	
24. FUNERAL DIRECT			ADDRESS	2Sa. REC'D	BY REGISTRAL	2Sb. RE	GISTRAR'S SIGN		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then the second carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours often death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

3 1 1. 1 i 10161 - 'p - 1 Comment of the second s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	15198		CERTIFIC	CATE (OF DEATH		1	5196
1.	PLACE OF DEATH a. COUNTY	etimore	MARYL	AND 2.	USUAL RESIDENCE	E (Where deceased lived, I	f institution: Residence COUNTY 32/17	dence before admission)
		f outside, corporate lim give pourest town)			CITY OR TOWN (IF	outside corporate limits	, write RURAL an	d give nearest town)
7			not in hospital, give street ac	Idress) d.	STREET ADDRESS	Duara	Ra	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Mol	elle Middle	Co	Last	DEATH //	onth OV 11	Day Year 1966
5,	emole ?	blute WI	ARRIED NEVER MARRIED DIVORCED	00	t 19,18	9/ last birthd	Months Da	YEAR IF UNDER 24 HRS ays Hours Min.
du	ing most of working	(Give kind of work done life, even it retired)	10b. MIND OF BUSINESS OR INDUSTRY		Kur	ounty & State, or foreign cou		NTRY?
	PATHER'S NAME	men So	upher	14.	Saplu	a	ddress	fan
(Yi	es, no, or unkofun) (If	R IN U.S. ARMED FORCES yes give war or dates of servi	(ce) Eexkround	pus !	Jerone	Schen-2	409 8	Ucera
	PART I. DEATH	TH [Enter only one cau: I WAS CAUSED BY: MMEDIATE CAUSE (a)	se per line for (a), (b), and (c)	mat	my Fai	line		ONSET AND DEATH
	1533 Conditions, if any gave rise to im		Generalized Ordenso Ea	La	me c	of Sigm	ind	
7	cause (a), station underlying cause is	ng the DUE TO						AUTODOV
CERTIFICATION		_	ONTRIBUTING TO DEATH BUT N					19. WAS AUTOPSY PERFORMED?
		MEDICAL EXAMINER)				finjury in Part I or Part		
MEDICAL	Hour a.m.	JRY Month, Day, Year	While Not While at work at work	factory, st	F INJURY (Home, fa treet, office bldg., e	tc.)		
	saw the decea	A /	attended the deceased fr			91940 to Nev 3 A. M, from the cau	ises and on the	date stated above
	22a. SIGNATURE	ud af	jugen			MED. STAFF DIRECTOR PHYS.	22b. DAT	11/66
22.	22c. PHYSICIAN'S NAME (Type)	WILLARD	APPLEFE	FLD	5907	CL 23d ROCATION CIT	ty, town or soun	ty) A (State)
23	BURIAL, CREMATI REMOVAL (Specify FUNERAL DIRECTO	" NOU13	EOF 23c. NAME OF CE	METERY OR	CREMADORNIA Le Chiske 1 25a. RE	C'D BY REGISTRAR I 25b	le 1 M	1d-
L	el Leun	Mx/2100	1-6010 /Ce	est	DATE N	OV 14 1966	Clear	les Jus

are as the property of the country of the property of the prop 10 to Contract of the property of the second and the Care intermed to be more a The state of the s Levelon o Chip infer To the Hall to the 1866 The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
15197

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Baltimore County MARYLAND	a. STATE VI AND b. COUNTY BALTIMORE
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	ROITIMORE
Mount Wilson 2 months	131711111111111111111111111111111111111
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Mount Wilson State Hospital	1 8000 Old Harfrod PolyES NO N
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
	OLEHAN DEATH 1 2 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH, 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
MALE WHITE WIDOWED DIVORCED	3/23/86 80 yrs. Mondis Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) FARMER INDUSTRY	MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME/ Janzah /
JAMES H. COLEMAN	ANNA MODERAL STREET
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	I MI MILL CLIL II LA-1
	cords, Mt. Wilson State Hospital
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LL MONARY FIB	ROSIS OFUNDETERMINED Zyean
J J J X DUE TO	ETLOLUGY
Cenditions, If any, which (b)	
gave rise to immediate (
underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
5 Dichete Hollita	PERFORMED?
20a, ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Not while	ry, street, office bldg., etc.)
	102 10/1 11/21 10/6 124 11/40 104
21. I certify that (1) (this hospital) attended the deceased from	1966, to 1968, that (If (we) last
	death occurred at 1 5 / M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING - MED STAFF - 1/0 1/1
M.D.	. PHYS. DIRECTOR PHYS.
Wm. Newcomer, M.D., Superintendent	Mount Wilson, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
burial 11-25-66 Holy Redeem	
24. FUNERAL DIRECTOR APPRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck Inc Baltimore, Md	. DATE NOV 2 3 1966 James Judge.

Rathingore County

Monney Wilson State Hospital

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bna bynak , nearlin' Sound Shobgata inequal, D.M. removal.

Surged Mary-ch del hadenes (... hattis and the

- consul & Ruch Inc Sustiness, See

cessary, e funeral 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO DEPUTY MED

> AISME (5) 1/65

5M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH

1 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before)

10000	IVILID	TOAL LAAMINGLIK S	CLITTIOATE	. OI DEATH	10108
1. PLACE OF DEAT	Н				nstitution: Residence before admission)
	altimore	MARYLAND	a. STATE Maryl	b. col	Baltimore
b. CITY OR TOY	/N (If outside corporate lir and give nearest town)	mits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, v	vrite RURAL end give nearest town)
Owings	and give nearest town)		Oresino	a 36477 -	
		not In hospital, give street address		s Mills	e. IS RESIDENCE
		not in nospital, give street address,			ON A FARM?
316 To.	llgate Road		316 Toll	gate Road	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th Day Year
(Type or print)	Elsi	e R. C	ollins		v. 29 19 66
5. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH		I IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	Negro w	IDOWED DIVORCED	Oct. 10, 1	883 83 birthday)	Months Days Hours Min.
LOS USUAL OCCUPAT	TION (Give kind of work done			ate or foreign country)	12. CITIZEN OF WHAT
during most of work	ing life, even if retired)	INDUSTRY			COUNTRY?
Domes 13. FATHER'S NAM		house work	14. MOTHER'S MAID	yland	U.S.A.
13. FAIRER'S NAM	16				
Geor	rge Collins			la Boardly	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES (If yes give war or dates of serv	lea)	INFORMANT	Addr 31	
No	(11)11	218-52-2479 M	rs. Mildred		6 Tollgate Rd.
	DEATH [Enter only one cer	use per line for (a), (b), end (c).]			I INTERVAL PETWEEN
	EATH WAS CAUSED BY:	Arteriosclerotic	C-V Disease		ONSET AND DEATH
260	IMMEDIATE CAUSE (0)_	AL CEL TOSCIETOCIC	C-V DISEASE		
Conditions M	DUE TO	Dishana Wallini.			10
Conditions, if		Diabetes Mellitis			18 yrs.
cause (e), s					
underlying cau		Hypertensive C-V			14 yrs.
PART II. OTHER	SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINAL D	IS EASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI					YES NO
200. EXTERNA	L CAUSE WAS	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of	Injury in Part I or Part II	of Item 18.)
CAUSE OF DEA	CONTRIBUTING D	none			
	INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)
Hour e.	m	While Not While fact	tory, street, office bldg., et	(c.)	
	m. none	at work at work			. 5
21. I certif	y that I took charge of	the remains described above, h	eld an Autopsy,	Inspection K, Inc	quiry 🔀 ,and in my opinion
death result	ted from: Natural cau	ises 🗷 , Accident 🔲 , Si	uicide 🔲, Homicid	de, Undetermine	d manner
	0 - 10		CHIEF MEDICAL	. EXAMINER	
ACTUAL SIGNATURE	2.2. Eags	as a	M.D. ASSISTANT MED	DICAL EXAMINER	22. DATE SIGNED
				AL EXAMINER X	
EXAMINER'S NAME (Type)	D. D. Caples,	M. D. 6 Hanov	er Radous Rais	tar strown who .	11-30-66
23a. BURIAL, CRE	MATION, 23b. DATE THER	REOF 23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City,	town or county) (State)
REMOVAL (Sp Burial	7 - 1- 1/1	Johnsvil	lle Cem.	Eldershur	g, Maryland
24. FUNERAL DIR	ECTOR 12/3/66	ADDRESS			REGISTRAR'S SIGNATURE
H a	9.00 14	- Owings Mills,	Md. DATE DE	EC 2 1966	Icharles Judge
14.1.	citable	OHTHED HITTED	DATE UI	-0 % 10D0	1 - Land Much

AND ALL STREET, Colors of the about the manual and

2.2. Eggler

. Learness, M. C. Esamess, J. Christian

Special president per 175 Special

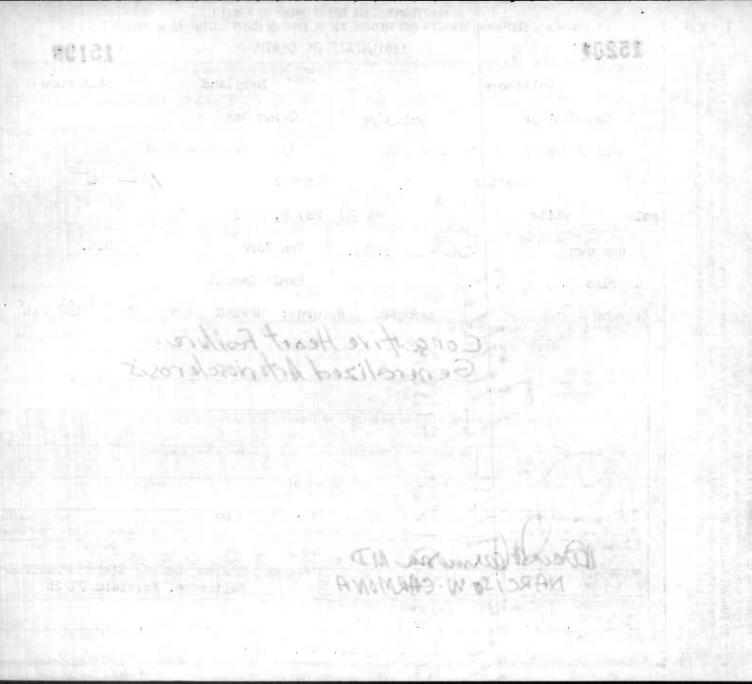
. w. . r office opening wheels _______

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIEICATE OF DEATH

19	CUI			CLIVII	ITEMIL	OI DEATH				OIA	
o. COUNTY		Baltimo	re	MAI			,				
b. CITY OF write	R TOWN (If	autside carparate limits give nearest tawn)	,	c. LENGTH OF STAY			1	orote limits, wri	te RURAL onc	give neores	t town)
				9mth3dy			Uak	b. COUNTY Baltimore proporte limits, write RURAL and give nearest town) Part			
		OR INSTITUTION (If no			ARYLAND AY IN Ib AY IN IN AND AY IN IB AY IN IN AY IN IB AY IN IN AY IN IB AY IN IN AY IN IN AY IN IN AY IN IB AY IN IB AY IN IN						
	PRING			OSPITAL							
. NAME OF DECEASED (Type or p		Char]		Middle S.	C		OF		Month /	Doy	1
. SEX	1	6. COLOR OR RACE	7. MARRIED	NEVER MARRI				9. AGE (In year	ors IFUN		
male		white	WIDOWED	DIVORC	ED 🔲	May 6, 18	192			IIIs Doys	10012
		Give kind of work done		ID OF BUSINESS OR		11. BIRTHPLACE (Coun	ty & Stote, o	r foreign country)	-1	2. CITIZEN OF	WHAT
uring most o	nknown	e, even if retired)		& Elec.	Co.	New Yor	k		1	U.S.	
3. FATHER'S			1000			14. MOTHER'S MAIDEN	NAME				
Cha	rles :	S.Conner,	Sr.		182	Mamie C	Cahill				
S. WAS DEC	EASED EVER	IN U.S. ARMED FORCES? f yes give war ar dates of NO	16. S	OCIAL SECURITY NO.		Este		onner GROVE	Address 35 1 1 STAT	Milly:	Pir A
IB. CAL		TH (Enter only one cous	se per line for I		1000	/ /	200021	/			
PΔ	RT I DEATH	WAS CALISED BY-	se per inje ior i		10 1	1 +		1,00		ON:	SET AND DEA
PA 4 Conditio	RT 1. DEATH 5 00 ns, if ony, v	WAS CAUSED BY: IMMEDIATE CAUSE (DUE which gove)	(o) <u>Co</u>	ngesti		/		1	515.	ON	SET AND DEA
Condition rise to it stoting last.	RT I. DEATH 5 00 ns, if ony, v mmediote the underly	WAS CAUSED BY: IMMEDIATE CAUSE (DUE which gove couse (o), /ing couse	(o) <u>C</u> O 10 <u>G</u> O 10 (c)	ngesti eneral	lizec	1 Arte,	viosc	le ros			
Condition rise to it storing last.	RT I. DEATH 5 00 ns, if ony, v mmediote the underly	WAS CAUSED BY: IMMEDIATE CAUSE (DUE which gove couse (o), /ing couse	(o) <u>C</u> O 10 <u>G</u> O 10 (c)	ngesti eneral	lizec	1 Arte,	viosc	le ros		19.	WAS AUTOPS
Condition rise to it stoting last. PART II. 200. ACC ON CONTINUE OF CONTINUE	ns, if ony, we mediate the underly OTHER SIGN	WAS CAUSED BY: IMMEDIATE CAUSE (DUE which gove couse (o), /ing couse	(o) CO TO (b) GO TO (c) DNTRIBUTING TO	ngesti	/izec	Arte ,	ONDITION G	Le ros	(o)	19.	WAS AUTOPS
Condition rise to it stoting last. PART II. 200. ACC OR CONT (IF EITHE	ns, if ony, we mediote the underly OTHER SIGI	WAS CAUSED BY: IMMEDIATE CAUSE Which gove couse (o), ying couse VIFICANT CONDITIONS CO JINDERLYING CAUSE OF DEATH EDICAL EXAMINER) Y Month, Day, Yeor	(o) CO (b) CO (c) CO (c	D DEATH BUT NOT RI	ELATED TO THE OCCURRED. (En 20e. PLACE foctory	TERMINAL DISEASE OF INJURY (Home, for, street, office bldg., etc.)	ONDITION G	IVEN IN PART 1(Port 11 of item 1	(o) B.) wn)	19. Y	WAS AUTOP: PERFORMED ES NO
Condition rise to it storing last. PART II. 200. ACC OR CONTILIE THE THE THE THE THE THE THE THE THE TH	TI. DEATH TO ONE, if ony, we me diote the underly OTHER SIGN TO THER SIGN TO THE SIGN TO	WAS CAUSED BY: IMMEDIATE CAUSE Which gove couse (o), ying couse NIFICANT CONDITIONS CO UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) Y Month, Day, Yeor	(o) CO (b) (b) (c) (c) 20b. DES 20d. IN While of work	D DEATH BUT NOT RI CRIBE HOW INJURY JURY OCCURRED Of work led the deceoser	ELATED TO THE OCCURRED. (En 20e. PLACE foctory d from	TERMINAL DISEASE Of the noture of injury in ury in the noture of injury in the noture of injury in the noture of injury in the	ONDITION G in Port I or orm, 19 56	IVEN IN PART 1(Port 11 of item 1 (City or tov	(o) B.)	(County)	WAS AUTOP PERFORMED ES NO (Sh
Condition rise to it storing last. PART II. 200. ACC OR CONT (IF EITHE 20c. TIME) 21. SOV	TI. DEATH TO ONE, if ony, we me diote the underly OTHER SIGN TO THER SIGN TO THE SIGN TO	WAS CAUSED BY: IMMEDIATE CAUSE which gove couse (o), ying couse NIFICANT CONDITIONS CO UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) Y Month, Day, Yeor 19	(o) CO (b) (b) (c) (c) 20b. DES 20d. IN While of work	D DEATH BUT NOT RI CRIBE HOW INJURY JURY OCCURRED Of work of work ded the deceoser 19	ELATED TO THE OCCURRED. (En 20e. PLACE foctory d from	TERMINAL DISEASE CONTROL OF INJURY (Home, for, street, office bldg., etc.) ATTENDING PHYS.	ONDITION GOOD IT OF THE COLOR O	Port II of item 1 (City or tov , to M, from cou	(o) (B.) wn) uses ond c	(County) 19, then the dot b. DATE SIGN	WAS AUTOP: PERFORMED ES NO (Sto
Condition rise to it storing last. PART II. 200. ACC OR CONT (IF EITHE 20c. TIME) 21. SOV 22a. SI	or the derify To certify Transport the underly The und	WAS CAUSED BY: IMMEDIATE CAUSE which gove couse (o), ying couse NIFICANT CONDITIONS CO UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) Y Month, Day, Yeor 19	(o) CO (b) (b) (c) (c) 20b. DES 20d. IN While of work	D DEATH BUT NOT RI CRIBE HOW INJURY JURY OCCURRED Of work of work ded the deceoser 19	ELATED TO THE OCCURRED. (En 20e. PLACE foctory d from, ond that c	TERMINAL DISEASE Conternation of injury in the content of injury injury in the content of injury in	ONDITION GOOD IN PORT I OF TIME CO. DIRECTOR SPREET	Port II of item 1 (City or tov , to M, from cou	uses ond o	(County) 19, then the dot b. DATE SIGN	WAS AUTOP PERFORMEL ES N (SI not (I) (w e stoted ED
Condition rise to it storing last. PART II. 200. ACC OR CONT (IF EITHE 20c. TIME 20c	OTHER SIGN OTHER	WAS CAUSED BY: IMMEDIATE CAUSE Which gove couse (o), ying couse WIFICANT CONDITIONS CO UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) Y Month, Day, Yeor 19 Thot (This hos teosed olive on	(o) CO TO	D DEATH BUT NOT RI CRIBE HOW INJURY JURY OCCURRED Not While of work led the deceosed 19 CALM 23c. NAME OF CET	ELATED TO THE OCCURRED. (En 20e. PLACE foctory d from, ond that co	TERMINAL DISEASE CONTROL OF INJURY (Home, for, street, office bldg., et al., e	ONDITION G In Port I or In I or In Port I or In Port I or In	Port II of item 1 (City or tov , to _M, from cou	(o) B.) uses ond of 22 WE ST Maryla or Town)	(County) 19, thon the dot b. DATE SIGN ATE H nd 212	was autor performetes Not (I) (was stoted to s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.



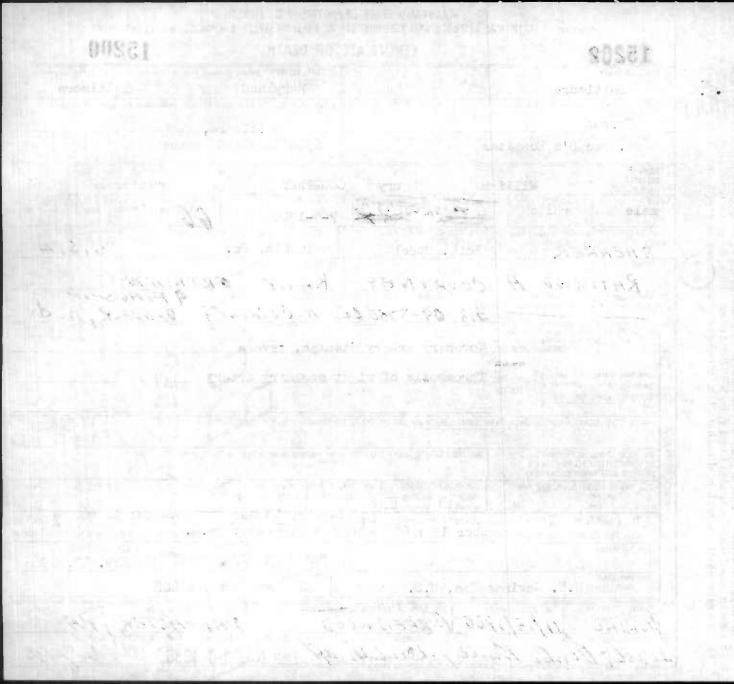
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15202	2	TOTAL RESE.			OF DEATH	ELI, DALIIMO		5200		
1.	PLACE OF DEATH a. COUNTY Balt	imore		MARY	LAND	2. USUAL RESIDENCE (o. STATE Maryla		ived, if institutio b. COUNT	n: Residence b	efore odmission)	/
	b. CITY OR TOWN (write RURAL and TOWSO	If autside carparate limit d give nearest town) M	-20%	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o		mits, write RURA	AL and give ne	20-4	
	d. NAME OF HOSPIT	al or institution (if n eph s Hospi	tal	give street oddress)		d STREET ADDRESS	vland Av	renue		e. IS RESIDEN ON A FARI YES NO	M?_
	NAME OF DECEASED (Type or print)	Will	iam	Middle Henry		Lost	4. DATE OF DEATH		ber 12		
	male	6. COLOR OR RACE white	WIDOWE	EVA WED	8	7-4-1900	6	GE (In years st offthday) yrs.	Months Do	ys Hours	4 HRS. Min,
dur	USUAL OCCUPATION Ing most of working FATHER'S NAME	(Give kind af wark done life, even if retired)		ND OF BUSINESS OR DUSTRY Steel		11. BIRTHPLACE (County Columbia, 14. MOTHER'S MAIDEN	Pa.	country)		N OF WHAT	,
10.	RAY	MOND H		DRTNE SOCIAL SECURITY NO.		KATIE IFORMANT		TMA	N	סו	
(Ye	es, no, or unknown)	(If yes give wor or dates of	of service)	-09-373		O A. Cov	RTNEY	מעם	DALK	m d	1
	Canditians, if any rise to immediat stating the unde last.	rlying cause DUE	(b) Thro	ombosis of	righ	sease, seve	artery			ONSET AND DEA	
TIFICATION	20a. ACCIDENT WA					HE TERMINAL DISEASE CO	e Pal			19. WAS AUTOPS PERFORMED YES X NO	?
MEDICAL CER	(IF EITHER, NOTIFY 20c. TIME OF INJU- Haur o.e	FI CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Doy, Year m. 19 fy that (X (this has	While at war	at work	facta	OF INJURY (Home, formary, street, affice bldg., etc.)	ity or town)	(County		
	saw the d	eceased alive an No	vember	12 19 66 ,	and that	death accurred at	MED.	STAFF PHYS.	nd on the	date stated o	above
	22c. PHYSICIAN'S NAME (Type	M.D. Govi	nda Rac			7620 Yor					
	BURIAL, CREMATION OF THE PROPERTY OF THE PROPE	11/15/	1966	234 NAME OF CEME		D.	LAN	ON (City or Town	=R. 17	(Stat	e)
24	Valley	Benks 1	hall	ADDRESS Ly, Local	well,	2Sa. REC	OV 16	25b. REG	Clayl	es Judg	2

Pages un TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after beath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY COUNTY after after Baltimore County MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag papers. rus hours Wilson Mount = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS e. IS RESIDENCE within 72 ON A FARM? Wilson State Mount Hospital NO within etely carbon NAME OF First Middle Last DATE Month Oav Year 4. DECEASED event, comple OW657 (Type or print) SWES DEATH 19 executed SEX 6. COLOR OR RACE and cor OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 9. **NEVER MARRIEO** last birthday) Months any **Oavs** Hours WIOOWED OIVORCEO IL 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT an 0 during most of working life, even if retired) INOUSTRY COUNTRY? physici BABUSITTER certificate 13. FATHER'S NAME MOTHER'S MAIOEN NAME remova attending remit. Ther 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Or death (Yes, no, or unkown) | (If yes pive war or dates of service) Records. Mt. Wilson State Hospital cremation. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN aw requires that the ONSET AND DEATH by PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) al-trans attending physician. signed burial-t DUE TO Cenditions, If any, which (b) peen gave rise to Immediate the **OUE TO** cause (a), stating the as th underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATFO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. use for use Health certificate PERFORMEO? hospital or NO D YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached te Dept. of 0 OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (State) (County) be de State [factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While retained by p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should iled with the that (I) (we) last and that death occurred at \$30 AM. from the causes and on the date stated above. saw the deceased alive on SIGNATURI DATE SIGNED OR be page MED. STAFF M.D. PHYS. DIRECTOR PHYS. may O HOSPITAL TO FUNERAL 22d. **AODRESS** director, p M.D., Superintendent Mount Wilson, Maryland Page LOCATION (City, town or county) (State) DEMOVAL (Specify) Fre FUNERAL OIRECTOR REGISTRAR'S SIGNATURE 25b. VR A15 (4) OATE N 20M 1/65

Haltimure County

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

			MARYLAND S	IAIE DEP	AKIM	ENI UF I	HEALTH			
	DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAN	4D
L	52114		CERT	TIFICATE	OF	DEATH			15900	

1.	PLACE OF DEAT a. CDUNTY	H altimore		MARYLAND	2. USUAL RESIDENCE a. STATE Marylar	E (Where deceased lived, If institution: R b. COUNTY	esidence before admission)
	b. CITY OR TOW write RURAL	/N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporate limits, write RURAL	and give nearest town)
-	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in hos	pital, give street address)	Baltime d. STREET ADDRESS	ore	e. IS RESIDENCE DN A FARM?
	Chesap	eake Mano	r Nursi	ing Home	3333 N	. Charles St.	YES NO
3.	NAME OF DECEASED (Type or print)		rst ssie	Middle E	Last Cox	4. DATE Month OF DEATH NOV.	Day Year 12 19 66
5.	SEX Fi	6. CDLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	6/20/1882	9. AGE (In years IF UNDER last birthday) Months	
dur	I. USUAL OCCUPATION Most of work	TIDN (Give kind of work king life, even if retire	done 10b. KIN d) IND		Baltimon	inty & State, or foreign country) 12. C	TIZEN DE WHAT
13.	FATHER'S NAM				14. MOTHER'S MAIDE		
		W. Cox			Jane B. 1		
15. (Ye	NAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)	ocial security no. 17. -46-4412M1:	INFORMANT ss Bernade	Address tte Judge (Sa	ame)
No	PART I. Di A 20 0 Conditions, If gave rise to cause (a), s underlying cause	Immediate tating the se last.	(a) Property (b) Property (c)	-Shear	e de la	SEASE CONDITION GIVEN IN PART 1(a)	ONSET AND DEATH
ERTIFICAT	DR CDNTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE DF DEA	TH	SCRIBE HDW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of Item 18	YES ND NO
MEDICAL C	20c. TIME OF Hour a.i	TIFY MEDICAL EXAMI INJURY Month, Day, m. 19		URY OCCURRED 20e. PLA Not While facto	CE OF INJURY (Home, far ry, street, office bldg., etc		unty) (State)
		ceased alive on	11/12	the deceased from 1966, and that eeman, Jr.	ATTENDING M	IED. STAFF PHYS. // /	
	BURIAL, CREM REMOVAL (SP Burial EUNERAL DIRI W. Jenk	MATIDN, 23b. DATE ecify) 11/14	11966 1	Loudon Pa: Appress 1905 York R	rk	Baltimore By REGISTRAR 25b. REGISTRAR	Md.
14 (• 44 • 0 QIIV	TILD OF DOLL		0.12, Md	DAPEOV	14 1966 geliarle	9

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15205		CERTIFIC	ATE OF DEATH		15203
1. PLACE OF DEATH a. COUNTY Bal	timore	MARYLA	a. STATE Mar	E (Where deceased lived, If Instituty land b. COUNTY	
b. CITY OR TOWN (if out write RURAL and give TOWSOY	1	c. LENGTH CF STAY II	To	outside corporate ilmits, write WSON	RURAL and give nearest town)
d. NAME OF HOSPITAL OF 251 Linde		hospital, give street add		nden Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Lula	Middle Hentley C	raycraft	4. DATE Month OF NOVEMB	13
	or or RACE 7. MARRIE		December 3	1, 1878 ast birthday) 87 yrs.	
10a. USUAL OCCUPATION (Give during most of working life, of dusewife	kind of work done 10b.	NIND OF BUSINESS OR INDUSTRY OWN Home	North C	ounty & State, or foreign country)	12. CITIZEN OF WHAT USA.
	Filmore Hur			len Eason	
15. WAS DECEASED EVER IN U (Yes, no, or unkown) (If yes giv	J.S. ARMED FORCES? 1 ve war or dates of service) One	6. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary Su	mner, Towson,	Md.
Conditions, if any, whi gave rise to immedia cause (a), stating to underlying cause last.	the DUE TO	BUTING TO DEATH BUT NO	nal Obsi	Truction Siven in Pa	7-10 Doys
PART II. OTHER SIGNIFICATION OF CONTRIBUTING CONTRIBUTION				injury in Part I or Part II of I	YES ND
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 20d.	le Not While	e. PLACE OF INJURY (Home, fa factory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
		ded the deceased from	I that death occurred at		that (I) (we last id on the date stated above 22b. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL Specify) Removal Buri 24. FUNERAL DIRECTOR	al Nov.14,	1966 Gerto		C'D BY REGISTRAR 25b. REGI	n or county) (State)
John Burns'	Sons, Tows	on, Marylan	nd DATE	IOV 17 1966 &	Charles Judge

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A The Total Sales Total

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15206 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE MARYTAND
b. COUNTYBALTIMORE CITY 1. PLACE OF DEATH BALTIMORE a COUNTY MARYLANO c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 16 yrs RURAL BALTIMORE Baltimore e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2575 Edmendson Ave. AUGSBURG LUTHERAN HOME 6811 Campfield Rd NO X 4 DATE 3. NAME OF Month Year First Last Doy OF DECEASED 1966 Nev. Wilhelmina Margaret Crenhardt (Type or print) DEATH 9. AGE (In years IF UNDER 24 HRS. IF UNOER 1 YEAR 8. DATE OF BIRTH Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths DIVORCED Aug. 22, 1884 WIDOWED White 12. CITIZEN OF WHAT 1Da, USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) U.S.A. during mast of warking life, even if retired) INOUSTRY Baltimore City, Maryland Art Teacher own school 14 MOTHER'S MAJOEN NAME 13. FATHER'S NAME Wilhelmina M. Wuest John C. Crenhardt 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service Paul A. Hauer, Supt. 6811 Campfield Rd. 216-46-4717 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **OUE TO** Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMEO? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item T8.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) 2Dd. INJURY OCCURRED 2Dc. TIME OF INJURY Manth, Day, Year Nat While factory, street, affice bldg., etc.) Haur a.m. While at wark ot wark 1950 21. I certify that (1) (this hereinal) attended the deceosed from and that death occurred of 6. 4.6 M, from couses and on the date stated above. 1966 sow the deceased olive on- have 22b. OATE SIGNED 220. SIGNATURE STAFF **ATTENDING** DIRECTOR PHYS. PHYS. AODRESS 22c. PHYSICIAN'S NAME (Type) L Chambers 4108 Liberty Heights Ave. Baltimere Md Earl OF CEMETERY OR CREMATORY 23c. COCATION (City (County) (State) 2So. REC'D BY REGISTRAR

ond 2 24 hours after death funerol ; 1 ond filled in I within executed within ond completely fi remove corbon in any event, with puo ond in pleose death certificate removol, en offending permit. The permit. 0 cremation, requires that the signed by the burial-tronsit p burial, crematic the by the hospital or attending physician. peen os the prior to has Heolth p TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: be detached Stote Dept. of of 3 should I with the S be retoined , poge 3 be filed Page 4 moy director, should b

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le year of the second s and a property of the property of the second dramon derival enimfenti AL PEC S SB WEST, SE, MAN Ji. our solor alternation for the solor and willedules . selderlin eia . ironi . nio election of the fact of the second the first sector we produce the first of the conjugate of by eresticing ... by the state of the state of

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TO HOSPITAL RATIENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page A be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and complete died in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

	MINING THE PROPERTY OF THE PARTY OF THE PART			
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS,	301 W. PRESTON ST	TREET, BALTIMORE 1,	MARYLAND
15207		OF DEATH		15205

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidenca before admission)
* COUNTY BALTIMORE CO. MARYLAND	a. STATE MARYLAND b. COUNTY -	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give naarest town)
write RURAL and give nearest town) 51/2 USS.	Baltimore	30.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet addrass)	d. STREET ADDRESS	a. IS RESIDENCE
TOUSON CONVALESCENT HOME	410 E. Gittings Ave.	YES NO
3. NAME OF First Middla	Last 4. DATE Month	Day Year
(Type or print) NAYE HERSHNER (ROSS DEATH NOV.	2 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Months D	
WIDOWED DIVORCED	AN 28, 1877 89 yrs.	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
HOUSEWIFE OWN HOME	York Co. Penna U)5A
Handy Harry	COTUTOINE Flingh	21.21
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	avgn
(Yes no or unknown) ((If yes give war or dates of service)		A Town A
18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c).]	S.CROSS, JR. G28 Chestnut	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) Drong to phen	monia	3 days
334X DUETO O D O	+. 1.	1.0
Conditions, if any, which (b) leelinal &	, le 10 sc le 10 sis	10 years
gave rise to immadiata causa (a), stating the underlying DUE TO		
causa last. (c)		THE RESERVE THE PARTY OF THE PA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
P. I. T. T.		PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury in Part I or Part II of itam 18.)	1.00
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
-1	CE OF INJURY (Home, farm, 1 20f. (City or town) (Cour	nty) (Stata)
Hour a.m. While Prof While	ory, straat, office bldg., etc.)	
	· · · · · · · · · · · · · · · · · · ·	/
21. I certify that (I) (this hospital) attended the deceased from		
saw the deceased alive on 30 O CT 19.66, and that	death occurred at V	
22a. SIGNATURE	ATTENDINGMEDSTAFF	22b. DATE SIGNED
Emen S. Cross h M	.D. PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S ERNEST S. CROSS JR	803 Med. Outs Bldg. F	3. DTE WAL
		Jan Tomars 1710
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Spacify)	OR CREMATORY 23d. LOCATION (City, town or county	(Stata)
RemBurial 11/12/1966 Randolph	Randolph, N.	Н.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
	DATE NOV 4 1966 yours	les Judge
Balto.12, Md.		0 0

RUKET CHARLES NO THE REPORT OF THE PROPERTY. Brownia 4 Carrell Francisco The product of the second and the second of A STANDARD REPORT OF THE PROPERTY OF THE PROPE LURIO DE TOUR MANAGE PORT SELECTION Course Princes Stor Tuck of the same a market of . H. Congression and The State of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15208	CERTIFICATE	OF DEATH		15206
1. PLACE OF OEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V o. STATE Marvlan	Where deceosed lived, if institution b. COUN	
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		tside corporote limits, write RUR	AL ond give neorest town)
write RURAL and give nearest town)	7 years	Baltimo	re	03.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
2303 Ravenview Rd		2303 Ra	venview Rd.	YES NO 5
3. NAME OF First	Middle	Lost	4. DATE Month	n Day Year
OECEASED (Type or print) Charles		Cummings	OF DEATH NOV	ember 27 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNOER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
Male White WIDOWED	DIVORCED	Feb. 22, 19	05 61 Yrs.	Months Doys Hours Min.
	KIND OF BUSINESS OR NDUSTRY		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	rchantile Trust	Baltimore	, Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
Charles M. Cummings		May E.		
(Yes no or unknown) Iff yes give wor or dates of service)		NFORMANT	Addres	SS
No 2	16-03-8111 G	aretta C. C	ummings 2303 R	avenview Rd.
18. CAUSE OF DEATH (Enter only one couse per lime for PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. OUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	torioscle y portous	rotic He	sis Pisca	INFERVAL BETWEEN ONSET AND TEATH OF THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NOITION GIVEN IN PART 1(0)	19. WAY AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m. 100 While	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. While of two		CE OF INJURY (Home, form ory, street, office bldg., etc.)	1	(County) (Stote)
21. I certify that (I) (this becaute) atters saw the deceased alive on			952, to // - a/	ond on the date stated obo
220. SIGNATURE	(Rice) M.	o. PHYS.	MED. DIRECTOR PHYS.	22b. OATE SIGNED 11-28-66
22c. PHYSICIAN'S NAME (Type) 9. H. Siu	er	3109	M. Charlos.	St. 21218
236. BURIAL, CREMATION, 236. OATE THEREOF 11-30-66	23c. NAME OF CEMETERY OR Lorraine Parl		23d. LOCATION (City or Tov Baltimore, Ma	
24. FUNERAL DIRECTOR Wm.Cook-Brooks Towson Inc	ADDRESS 2. 1050 York Rd		BY REGISTRAR 1956. REG	GISTRAE SOLIGNATURE JUST

de de **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then, please remove carbon papers. Pages I and should be filed with the State Dept. af Health priar ta burial, cremation, ar regraved and in any event, within 72 haurs after deather. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

DE COUNTY Balt: b. CITY OR TOWN (9	CERTIFICAT	E OF DEATH		10003
Balt:			2. USUAL RESIDENCE (Wh	ere deceased lived, if institution	
b. CITY OR TOWN (MARYLAND	a. STATE	b. COUNT	altimore
D. CITT ON TOWN !	I autido camarata limite		CITY OR TOWAL OF SURE	eryland de carparote limits, write RURAI	
write RURAL and	d give nearest tawn)	c. LENGTH OF STAT IN 10	C. CITT OK TOWN (II DUISI	de carparote timits, write kukat	L dild give iledresi idwii)
Paltim			Baltimore	21234	03.1
d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
St. Jos	ephs Hospit	al	1821 Wildy	and Arra	YES NOX
NAME OF	Fir			4. DATE Month	Day Year
DECEASED	Mar	v Lee	OTTOMIND	OF DEATH November	
(Type or print) SEX	6. COLOR OR RACE		CUSTER 8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 H
		7. MARRIED NEVER MARRIED	6. DATE OF BIKIN		Months Days Hours Mi
female	white	WIDOWED DIVORCED	April 24 189		
Ja. USUAL OCCUPATION	(Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	stote, or foreign country)	12. CITIZEN OF WHAT
uring mast af working Housew		INDUSTRY	Leasburg	Virginia	COUNTRY?
3. FATHER'S NAME	1.0		14. MOTHER'S MAIDEN NA		1 July
Goom and	2 d md -		10.00		
George]	E IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Address	
	(If yes give war ar dates o	f service)			
No		IM	r. Beale App (uster- 1821 W	ildwood Ave.
		se per line for (a), (b), ond (c).)			INTERVAL BETWEEN
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(g) Uremia			ONSET AND DEATH
60.3 X		· ·			
Conditions, if ony		(b) ureteral obstruct	don		- 114 12 2 2 3 3 5
rise to immediat	e couse (o), (101			
stating the unde	rlying couse	10			
lost.		(c)			
PART II. OTHER SI		ONTRIBUTING TO DEATH BUT NOT RELATED TO		TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Carcin	omatosis, p	rimary in cervix ut	eri.		YES X NO
Carcin 20 d. ACCIDENT WA OR CONTRIBUTING		20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I ar Part II of item 18.)	
OR CONTRIBUTING	MEDICAL EXAMINER)				
20c TIME OF INS	JRY Month, Day, Year	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, form,	20f. (City or tawn)	(County) (State
20c. TIME OF INJU	n	AND THE ALL AND THE A	actary, street, office bldg., etc.)	(6.1) 6. 12771)	(3,010
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p.r	fy that (#) (this has	pital) attended the deceased fram	Occoper 19, 19	to November	1,7966, that 14 (we)
21. I certi	1. () ()	ovember 17 1966, and the	not deoth occurred of 5	:30 M, from causes ar	nd an the date stated at
21. I certi	eceased only e an INI				
21. I certi	eceased alive an IVI	0		CIATE COM	22b. DATE SIGNED
21. I certi	eceasea alive on 111	0	ATTENDING M	ED. STAFF RECTOR PHYS.	
21. I certi saw the d 220. SIGNATURE		ob GMIP	M.D. ATTENDING M.D. PHYS. DI	ED. STAFF RECTOR PHYS.	22b. DATE SIGNED 11/17/66
21. I certi saw the d 220. SIGNATURE		0	M.D. ATTENDING M.D. PHYS. DI	ED. STAFF RECTOR PHYS.	22b. DATE SIGNED 11/17/66
21. I certi saw the d 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type	Reynaldo	Orjuela-Gomez, M.I	M.D. ATTENDING DIM PHYS. DIM 22d. ADDRESS 7620 York	ED. STAFF RECTOR PHYS. Rd., Baltimore	22b. DATE SIGNED 11/17/66 Md. 21204
21. I certi saw the d 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type 30. BURIAL, CREMATIC	Reynaldo	Orjuela-Gomez, M. I	M.D. ATTENDING DIMENSISMENT MADRESS 7620 York	ED. STAFF RECTOR PHYS. Rd., Baltimore 23d. LOCATION (City or Town	22b. DATE SIGNED 11/17/66 Md. 21204 (County) (Stote)
21. I certi saw the d 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type	Reynaldo ON, 23b. DATE THE 11/21/	Orjuela-Gomez, M. I	M.D. ATTENDING DEPTYS.	Rd., Baltimore 23d. LOCATION (City or Town Baltimore. Co	22b. DATE SIGNED 11/17/66 Md. 21204 1) (County) (Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral VR 20

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15208CERTIFICATE OF DEATH deoth. I NAME OF DECEASED 2. DATE AND HOUR OF executed within 24 hours ofter death (Type or Print) completely filled in by the funeral C USUAL RESIDENCE (Where deceased institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE B. COUNTY A. STATE (If not in hospital or institution, give street address or location) FULL NAME OF MARY CITY ON HOSPITAL OR write RURAL and give township) INSTITUTION bon papers. within 72 ha (If rurol, give location) D. STREET ADDRESS 9. AGE (In years If Under 1 If Under 24 Hrs. MARRIED NEVER MARRIED Hours WIDOWED DIVORCED (specify) lost birthday Months Days 8 remove FIDOWE OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF foreign country ond WHAT COUNTRY? requires that the death certificate be please signed by the attending physician buriol-transit permit. Then please puo removal, 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL SECURITY NO. crematian, INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY physician. LEADING TO DEATH buriol, This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which coused deoth.) os the prior to attending has been ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, Health p rise lo the above couse (A) stating the be retoined by the hospitol or O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: UNDERLYING CONDITION last. for Dept. of detoched OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT State | 22. I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date thof (1) (we) last saw the deceased alive an director, page 3 should should be filed with the and hour and from the causes stated above (1) (We) (did) (did not) view the body ofter death. 23B. DATE SIGNED 23A. SIGNATURE Stoff M.D. Med. Director Page 4 may 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) (City, town, or county) (State) 24D. LOCATION 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify) OV ADDRESS 25C. FUNERAL DIRECTOR 1 0 1966 25A. DATE RE

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funerol-	fer death.		PLACE OF DEATH a. COUNTY	BALTIMORE		MAR	RYLAND	2. USUAL a. STAT	RESIDENCE (V	Where decease	d lived, if institu b. COU		ce befar	admissio	in)
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by by	aurs			give neorest town)		9 DAYS			IMORE				30	14	
E ;	72 h 72 h			AL OR INSTITUTION (If n				d. STREET						ON A F	DENCE ARM?
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wirn Sely 1	wit		NAME OF DECEASED		irst	Middle		Las		4. DATE OF	Man		Day	Yeo	
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an an	nd i		ing mast af working	life, even if retired)	INDU	ISTRY		BAI	TIMORE	, MARY	TAND	U	UNTRY?		
ysici	al, a		FATHER'S NAME						ER'S MAIDEN N						
hd hd	nen		JAMES N.	DAVIS				NAN	ICY HAR	RIS					
ding		115.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor ar dotes	16. SO	CIAL SECURITY NO.	17. IN	FORMANT			Addr	ess			
ne death certific attending phys	crematian, ar		YES	WW-1	219	14 0994	CLI	N REC	: VAH	FT HO	WARD M	ARYLAI	D		
the a	ation at		18. CAUSE OF DI	ATH (Enter only one co	use per line far (o), (b), ond (c).)								RVAL BET	
That In. by #	em(PAKI I. DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE	CARDIC	-RESPIRA	TORY	FAILU	RE				UN	KT/VW	N
physician.	ourial, cremat		10 3.0		TO CONTORNO	AUDITATION TOTAL	TOOT TOO	TIME					TENT	MICE	W.
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20 5	Health (FIG	20o. ACCIDENT WA	LINDERLYING [7]	20b DESCE	RIBE HOW INJURY	OCCURRED. (I	Enter nature	e of injury in	Port Lar Part	II of item 181			٠, ا	110
20 35 4	o o	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							,				
has see	be derached State Dept. of	MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Yeor		JRY OCCURRED	20e. PLAC		Y (Home, form		(City or town)	(Co	unty)	((State)
3 = + = =	de D	MED	Haur o.r p.r	10	While of work	Not While of wark	focta	ıry, street, at	ffice bldg., etc.)						
			21 certi	fy that A (this ha	spital) attende	d the deceased	from	NOV.	11 ,	9.66 to	NOV. 2	0 , 19	56, th	at (A) (we)
S. S.	# # # # # # # # # # # # # # # # # # #		saw the d	eceased olive on_	NOV. 20,	19_66,	and that	death o	ccurred at	-: SR W	from couses				d abo
be retained DIRECTOR: A	s shauld with the		22o. SIGNATURE	Kh!	A.	0 145	1	ATTEND	ING _	MED.	STAFF _		ATE SIGN		
DE P			22c. PHYSICIAN'S	27 rem	as plan	0 150) _ M.D		ADDRESS	DIRECTOR	PHYS. L	<u> </u>	20	00	-
May KAL	O 0)		NAME (Type	DILOK PR	REMASATH	IAN M.D.			C ADM F	OSP I	T HOWAF	RD MA	RYLA	ND	
Page 4 may 10 FUNERAL C	should b	230	. BURIAL, CREMATIC	DN. 23b. DATE TH	IEREOF I	23c. NAME OF CEM	METERY OR C	REMATORY		23d. LOC	ATION (City or To	own)	(County	(S	tote)
Page C	sho	1	BURLAL Specify	11/20											
		_	. FUNERAL DIRECTO		INT.	Mount Ca	neral	Home	2Sa. REC'E	BY REGISTRA	IR 2Sb. R	EGISTRAR'S	IGNATO	F INTO	
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MARYLAND STATE DEPARTMENT OF HEALTH

1521	2		CERTIFICA	TE OF D	EATH			15210
a. COUNTY	Baltimore		MARYLAND	2. USUAL I o. STATE		/here deceased lived, if instit b. CO		e before admission)
write RURAL	(If outside carparate limited and give nearest town)		c. LENGTH OF STAY IN 16 3 Mo.		TOWN (If out ltimor	tside carparate limits, write R e	URAL ond give	nearest town)
d. NAME OF HOS 1609	Pots Spring	at in haspital, give	e street address)	d. STREET		sway Rd. 2121	.8	e. IS RESIDENCE ON A FARMA YES NO
3. NAME OF DECEASED (Type or print)	Clinton	irst Edward D	Middle ay	Last		4. DATE OF DEATH NOV. 2		Day Year
S. SEX M	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF B	28,189	9. AGE (In years last birthday) yrs.	Months 1	YEAR IF UNDER 24 HR Days Hours Min
10a. USUAL OCCUPAT during mast of warki	ON (Give kind af work dang ng life, even if retired) DEYPE		OF BUSINESS OR ISTRY			State, ar fareign country)	12. CITI COU	IZEN OF WHAT
13. FATHER'S NAME Lincoln					R'S MAIDEN N arah ?	AME		
IS WAS DECEASED I	VER IN U.S. ARMED FORCES! (If yes give war ar dates	of service) 16. 50		Agnes Da	ay, 15	Add 16 Kingsway F	ress .d. Bal	timore,18
PART I. D / 80 Canditians, if a	ny, which gave) iate cause (a), (Buch), (b), ond (c),) My phroma alasia pror	of Rt.	Kidn	ey		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED 1	O THE TERMINAL	DISEASE CON	DITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRI	D. (Enter noture	of injury in F	Part I ar Part II of item 1B.)		
₩ Hour	NJURY Month, Day, Year a.m. p.m. 19	20d. INJU While at wark		actory, street, off		20f. (City or town)	(Cou	nty) (State)
saw the	deceased alive an	spital) attende	d the deceased fram	M.D. ATTENDII PHYS. 22d, A	curred at	ta // / / / / / / / / / / / / / / / / /		that (I) (we) le date stated about SIGNED
22c. PHÝSICIA NAME (Ty	pe) LAURENC		23c. NAME OF CEMETERY	680.	T yes	KKd. Balta 23d. LOCATION (City or 1	mere	2/2/2/110
23a. BURIAL, CREMA REMOYAL See		0,1966	Dulaney Va		O	Cockeysvill	e, Bal	
24. FUNERAL DIREC		Towson	ADDRESS Towson, Md.		2So. REC'D		REGISTRAR'S SI	GNATURE Judge

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) 1. PLACE OF DEATH o. STATE b. COUNTY MARYLAND BALTIMORE BALTIMORE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD 5 DAYS DUNDALK BALERIKORES e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET BROADSHIP ROAD VETERANS ADMINISTRATION HOSPITAL BAYENTE ROAD NO X YES First Middle 4. DATE Month Year Lost Day OF 11/4/66 THORNTON DEANE 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthdoy) Hours WIDOWED DIVORCED WEITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A MECHANIC BENNETT CAB RUCKERSVILLE. VIRGINI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANCES TAYLOR LESTER DEANE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service 228 14 0620 CLINICAL RECORDS FORT HOWARD INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST IMMEDIATE CAUSE (o) DUE TO

WEEK

19. WAS AUTOPSY PERFORMED?

19 66 that (I) (we) last

(County)

22b. DATE SIGNED

11-4-66

(County)

2Sb. REGISTRAR'S SIGNATURE

NO

(Stote)

(Stote)

VTRGTWTA

THUR ACEREBRAL HEMORRHAGE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, form,

PHYS

ADDRESS

foctory, street, office bldg., etc.)

(City or town)

PHYS.

23d. LOCATION (City or Town)

1966

RUCKERSVILLE

VA HOSPITAL, FORT HOWARD, MARYLAND

19 66 ta

DIRECTOR

2So. REC'D BY REGISTRAR

19.66, and that death accurred at 1235PM, from causes and an the date stated obave.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

LAENNEC'S CTRRHOSIS

20d. INJURY OCCURRED

ot work

21. I certify that (1) (this hospital) attended the deceased from OCT

G. BURCH.

Not While

ot work

M.D.

23c. NAME OF CEMETERY OR CREMATORY

SVITTE

funeral s 1 and 2 ter death. after bon papers. within 72 ho physician and completely filled in please remove corbon I, and in any event, with or removo en attending postmit. The permit. cremotion, signed by the buriol-transit p burial, cremotic physician. ottending the hos been 05 the hospitol or O FUNERAL DIRECTOR: After this certificate Por 50 detached Stote pe be retoined by should Poge 4 moy director, should

o. COUNTY

3. NAME OF

5. SEX

MALE

lost.

WEDICAL

DECEASED

Conditions, if ony, which gove

rise to immediate couse (a)

stoting the underlying couse

20o. ACCIDENT WAS UNDERLYING

Hour o.m.

22o. SIGNATURE

22c. PHYSICIAN'S

23g. BURIAL CREMATION

REMOVAL (Specify) BURTAT

NAME (Type)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER

20c. TIME OF INJURY Month, Day, Year

saw the deceased alive an NOV 4

WILLOW SPRING ROAD, BALTIMORE

DUE TO

19

23b. DATE THEREOF

the deoth certificate be executed within 24 hours after deoth

law requires that

ATTENDING PHYSICIAN:

VR A15 (4) 20 M 1/66

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FOR STATE HEALTH DEPT.

any delay is

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate should be executed within 24 hours after death. If

page, I and 2 with the State Department of Health ar its designated agent, priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15214		MEDI	CAL EXAMII	NER'S	CERTIFICATE O	F DEAT	Н	1	521	2
1.	PLACE OF DEATH a. COUNTY Ba	altimore		MAR	YLAND	2. USUAL RESIDENCE (V	Where deceas	ed lived, if institut b. COU		pefore admis	sian)
	b. CITY OR TOWN (If autside carparate limi	ts,	c. LENGTH OF STAY		c. CITY OR TOWN (If au	tside corpora	te limits, write RU	RAL and give ne	orest town)	
	write RURAL one	d give nearest tawn)		D. O. A.		Baltimor	e 7			13./	
_	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in basnital a	ve street address)		d. STREET ADDRESS				e. IS RE	SIDENCE
	Baltimo	re County				6817 Fox	Meadov	w Rd.		ON A	FARM? NO X
3.	NAME OF DECEASED (Type or print)	Michael Me	yer Dex	Middle ter or Me	yer Z	Lost Zelasko	4. DATE OF DEATH	Novem	ber 20		fear 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲	8. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YE		ER 24 HRS.
	Male	White	WIDOWED	DIVORCE	D 🔲	Nov. 23, 19	16	last birthdoy)	Months Do	rys Haurs	Min.
	. USUAL OCCUPATION ing mast of working Chemist	(Give kind of work done life, even if retired)		ID OF BUSINESS OR BUSTRY		11. BIRTHPLACE (State Washingto		**	COUNT	N OF WHAT	
13.	FATHER'S NAME		- 4.	***		14. MOTHER'S MAIDEN I	NAME				
	Hirsh 2	elasko				Freida	?				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16. S	OCIAL SECURITY NO.	17.	INFORMANT		Addr	ess Ba	lto.,	1d.
(14	Les	(If yes give war or dates	133	-09-0816	Mrs	. Claire W.	Dexte	er,6817 1	Fox Mea	dow Re	d.,
		DUI , which gave) e cause (a), (a), (b), and (c).) nary Occl	usion		-			ONSET AND	DEATH
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	D DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		19. WAS AL PERFOR YES	
L CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.	USE WAS NTRIBUTING INTO NO NO.	20b. DES	CRIBE HOW INJURY C	CCURRED.	(Enter nature af injury in	Part I ar Par	t II af item 18.)			
MEDICAL	20c. TIME OF INJU Haur a.r p.r	DOD 610	20d. IN While at wark	Not While of wark	20e. PLA	CE OF INJURY (Hame, farm ary street, office bldg., etc.)	1, 20f.	(City ar tawn)	(Caunty	·)	(State)
	21. I certif	y that I taak charg	je af the rem	ains described a	bave, he	ld an Autapsy ,	Inspection	on 🗶, Inqu	uiry 🔭	and in m	y apinian
	deoth result	ted fram: Natur	al causes 🗶	, Accident], Suic	ide, Homicide	UI, UI	ndetermined m	anner 🗌		
	ACTUAL SIGNATURE	X.2. 6	raple	is		CHIEF MEDICAL M.D. ASSISTANT MED	ICAL EXAMIN			22. DAT	E SIGNED
	EXAMINER'S NAME (Type)	. D. Caple	s, M. D	. 6 1	Hanov	DEPUTY MEDICA er Randgess Rond			•	11=22	=66
230	BURIAL, CREMATIC	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LO	CATION (City or To	wn) (Co	unty)	(State)
	REMOVAL (Specify	11-22-	66	Mikro Ko	desh	Beth Israel		Baltimon	e	M	1d.
	. FUNERAL DIRECTO	on & Bros.	Inc.,6	ADDRESS 010 Reist	ersto		by REGISTR 5 196	AR JEST RE	GISTRAR'S SIGN	ATURE	

VR A15ME (5)

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THE RESIDENCE OF THE PARTY OF T

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FOR STATE HEALTH DEPT. Thy deloy is 2, and 3 to PM3. Page endes 1 and 2 with the State Department of ony event within 72 hours after death. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours ofter death. If 5 may be retained for yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. Health or its designated agent, prior to burial, cremation, or removal,

DALTIMODE MADVIAND 01001

		DIVISION OF STATES	IICAL KESEA	KCH AND RECORDS,	, 301	W. PRESIUM SIKE	EI, BAI	TIMUKE, MAKTI	AND ZI	201		
	15215)	MED	ICAL EXAMINER	R'S (CERTIFICATE O	F DE	ATH	152	213		
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dec			nce befor	e odmissio	on)
	o. COUNTY Bal	.timore		MARYLANI	D I	o. STATE Mary:	land	b. COU	Ba.	Ltimo	ore	
	b. CITY OR TOWN	(If outside corporate limit	s,	c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If ou	tside carp	orote limits, write RUF	RAL ond gi	ve neores	t town)	
		d give nearest town)		76 Years	3	Edgemere				13.	/	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no		ive street oddress)		d. STREET ADDRESS e. IS RESII ON A F.						
	290	9 Morrison	Lane			2909 Morrison Lane						NO X
3.	NAME OF	Fi		Middle		Lost 4. DATE Month					Yeo	of .
	(Type or print)	Carı	rie	C •		Dillian	OF DEA	TH Novem	ber	20	196	6
	sex Cemale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	3 8	. DATE OF BIRTH 12/25/89		9. AGE (In years last birthday) yrs.	IF UNDER Manths	Doys	IF UNDER Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Stote	or foreign	country)	12. C	ITIZEN OF	WHAT	
_		life, even if retired)	INI	JUSTKT		Marylar	nd		۲	OUNTRY?	. A .	
13	FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME						
	Alonzo	Morrison			Christer							
1S (Y	WAS DECEASED EVI es, no. or unknown) NO	ER IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service)			NFORMANT (Daugh Ann Woelfe			son I		, Md	•
		EATH (Enter only one cou TH WAS CAUSED BY:	600	(o), (b), ond (c).)	2	KEO,		,			RVAL BET	
	260	IMMEDIATE CAUSE	, ,	and Ma	7	1 aux		1		2		
	Conditions, if ony	, which gove	(b) (c)	rellasch	er	ole H	Par	Thes	earl	4		
	rise to immedio		. /		1		11	1				
	lost.)	(c)	Llabe	le	s me	LLL	Its.				
2	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO TI	HE TERMINAL DISEASE CON	DITION G	IVEN IN PART 1(a)		19.	WAS AUTO	PSY
ATIO			_							YE	PERFORMI	NO X
MEDICAL CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in F	Port I or I	Port II of item 18.)				
MEDICA	20c. TIME OF INJ Haur o.i	10	20d. IN While of wark	Not While		E OF INJURY (Home, form ry, street, office bldg , etc.)		. (City or town)	(Co	ounty)	(:	Stote)
	21. I certif	y that I taak charge	of the rem	ains described abave	e, held	d an Autapsy 🗍	Inspe	ction 🕱 , Inqu	iry 🕱 ,	and	in my	opinion
	deoth resul				Suicio			Undetermined m	. —			1.
	ACTUAL	Po	DA			CHIEF MEDICAL				_	11/2	-1/64
	SIGNATURE	11000	·hall	X(ton)		_M.D. ASSISTANT MEDI	ICAL EXAM	IINER 🔲		2	2. DATE	SIGNED
	EXAMINER'S NAME (Type)	Theodore C.	Patter	rson M	. D	DEPUTY MEDICA Address (Street			Main aryla	St. 2	Dund 1222	alk
230	BURIAL, CREMATION REMOVAL (Specify Bullia)	ON, 23b. DATE THE NOV.	REOF 23. 66	23c. NAME OF CEMETERY Mt. Carme			23d.	LOCATION (City or Tox	,	(County)	,	ote)
-	purial		,	Tro Ostille	C.L.	ceme ter.A		De	altim	ore.	TATC!	

ADDRESS

7922 Wise Ave. Dundalk, Md.

REGISTRUPY SIGNATURE

1966

250. REC'D BY REGISTRAR

DATE

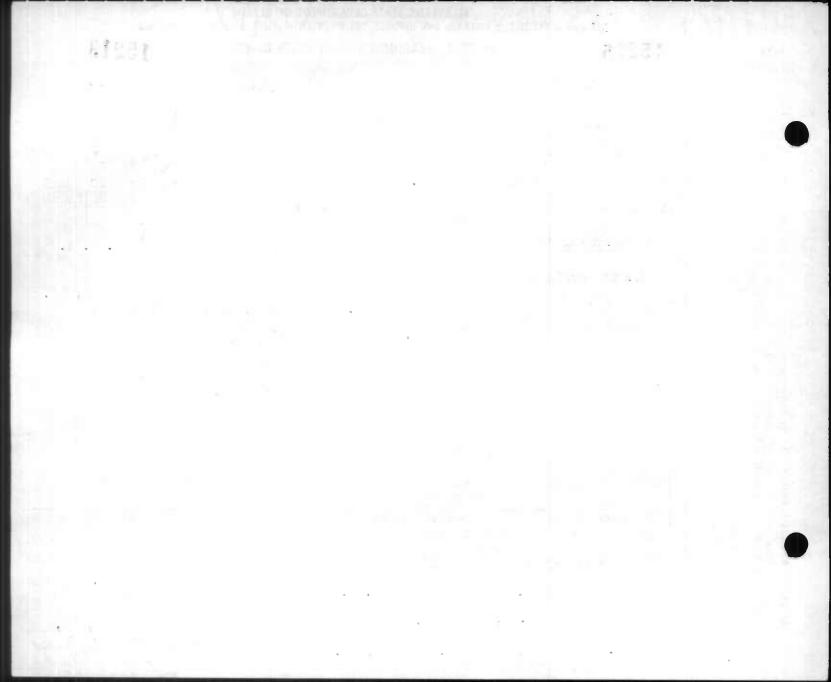
VR A15ME (5) 6M 1/66

FUNERAL DIRECTOR

John J. Duda

MEDICAL EXAMINER:

TO DEPUTY



death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CFRIFICATE OF DEATH 15910

-															
	LACE OF DEAT	Я					2. USUA a. ST		CE (When	re deceasi	ed lived, If in		Residence	before adm	iission)
		imore				MARYLAND	Mary					altimo	ore		
		N (if outside corpo and give nearest	orate limi town)	its, c	. LENGTH OF	STAY IN 1b	c. CITY O	R TOWN (II		corpora	ate Ilmits, w	rite RURAL	and give	o nearest	town)
	4423 Al	an Ave.						timore				- 1 2	2.1		
	d. NAME OF HO	SPITAL OR INSTITU	TION (if I	not in hosp	oltal, give str	eet address)	d. STREET	ADDRESS					6	ON A FA	
	Baltim	ore, Md					4	423 1	Alan					ES N	IX OF
	NAME OF DECEASED		First		Middl	0	Las	t	4. D	ATE	Mont	h	Day	Year	
	Type or print)	D	OBERT	TO	DNOVAN			,		EATH	N	ov.l.	1966	19	
5. S	EX	6. COLOR OR RAC	-	ARRIED	NEVER MA	DDIED#	B. DATE OF	BIRTH	-	19. AC	GE (In years	LIFUNDER			24 HRS
	35-3	Water Land			NEVER MA	KKIEDX	, D/((L 0)	Dilletti		la	st birthday)	Months I	Days	Hours	Min.
	Male	White		DOWED _	DIV	DRCED	Jan.	12,19	14	52	yrs.				
10a. l	USUAL OCCUPAT	ION (Give kind of wo	rk done		D OF BUSINE	SS OR	11. BIRT	HPLACE (C	county & S	State, or	foreign country		ITIZEN	OF WHAT	
		ing life, even If ret		INDU	USTRY			me a d		363		C	DUNTRY	?	
	FATHER'S NAM	p.Security	y					Woods	LOCK	, MCL					
13.	FATHER'S NAM	IE.					14. MOTI	IER'S MAIL	DEN NAM	1E					
15.1	Will	iam D.Don	ovan	Sr					Grace	Br					
(Yes.	no. or unkown)	EVER IN U.S. ARMED	es of service	16. 50	CIALSECURI		INFORMANT				Addre				
	No		0.12	217-0	05-4963		s M.Gr	ace D	onova	an,4	423 Al	an Av	e. E	alto.	Md
1 1	18. CAUSE OF	DEATH [Enter only	one caus	e per line	for (a), (b),	and) (c).]		_		Λ	. 0		INTE	RVAL BETY	VEEN
	PART I. DE	EATH WAS CAUSED		Andl	15	KDAN	IDNA	ADN	,	VA.	11105)	UNS	ET AND DE	AIH
	ENDA	IMMEDIATE CAU	SE (a)	wice	10	- CA	your	1007	1	M	Muc		1	-	
	2020		UE TO	111.	4	1.11	Do-	. 1	14	_	P	9)	1 //		1
	Conditions, if		(b) /	11040	care	WOH!	1.09	02911	nell	on	7. (a	19 11	LIM	IMA	U.
	gave rise to		UE TO	1211		1	111	1		0		10	4011	007	
	cause (a), si	raring fue	OE TO	11/20	011/0	IdN	mad.	Tin	4	rach	Kual.	w M			
	underlying caus		(c)	SUL	DIVIC	Much	yww	MA	1	ryges	y w	na	1		
2 1	PART II. OTHER S	SIGNIFICANTCONDI	TIONSCO	NTRIBUTII	NG TO DEATH	BUTNOTRELA	TED TO THE	TERMINALI	DISEASE	CONDIT	IONGIVEN IN	PART 1(a)	19.	WAS AUTO PERFORM	
CA										//			YE		10 14
E -	Ona ACCIDENT	WAS HINDERLYING		20h DES	CDIBE HOW	INJURY OCCU	DDED /Ento	r natura A	& Induser	in Dark I	or Dort II (f Ham 10	1	, L	<u> </u>
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF D TIFY MEDICAL EXA	EATH MINER)	200. DES	SCRIBE HOW	INJURY OCCU	KKED. (Ente	r nature o	t injury	in Part i	i or Part II t	or item 10	•)		
¥ 2	Dc. TIME OF	INJURY Month, Da	v. Year I	2Dd. INJU	JRY OCCURRI	D 120e. PLA	CE OF INJUR	Y (Home, fa	arm.1 21	of. (City	y or town)	(Co)	inty)	(Sta	ate)
8	Hour a.n		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While -	Not While		ry, street, of	fice bldg., e	etc.)	(0.1.	,,	(000	,	(02.	/
MEDICAL	р.г	m. 1	19	at work	at work		1				,				
	21 Certif	y that (I) (this h	osnital)	attended	the deceas	ed from	MANI	/ 1	9 lett	to i	Mass	19/0	lo th	at (I) (we) last
		ceased alive Dn_	1/1/	11/	,	/	double one			,	the causes				
-7	22a SIGNATUI		1-1	7	13-0%	, and that	death occ	urreu at_	IY	i, nom	tile Gauses		of owners or a		move.
1	220 31614101	1 1	11	4	/		ATTENDI	NC	MED.		STAFF -	220.	ATE SHO	INED /	1
1	WALAR	WI 1.	(1)	Mel	yw	M.D	. PHYS.	4	DIRECTO	R 🗌	PHYS.	17	VO	V 66	9
17	226. PHYSICIA		7	11	900		22d, A	DORESS -	- (0)	1	0		. /	7.0	
	NAME (T)	(pe) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	my	1.	DK)	1507	176	000	ca	mo	malx	ou	14	eve	
23a.	BURIAL, CREM	ATION, 23b. DAT	E THERE	OF 2	23c. NAME	OF CEMETERY	OR CREMAT	ORY	23d.	LOCAT	TION (City, t	own or col	unty)	(Stat	te)
	REMOVAL (Spe	ecity)	-1966	4	C+ 4	lphons	220			Eco Mi	at col-	53.6			
24	FUNERAL DIRE		-T 200		AMPRICA	Tphons	นธ	OF A PE			stock,		0.010**	TUDE	
			C.74	100 de	(LA A)	hour		25a. RE	C'D BY R	EGISTRA		EGISTRAR'	-		- 41
F.	.C. Higir	bothom, El	Tico	ty CI	ty, Md.	1		DATE	VOV '	7.	1966	Jelia	rees	Judy	-

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For. 3,1966

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227-25-4969 Hass V. Since Bondwin, Aska Alan Berlin, Ballio.

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funeral certificate be executed within 24 hours after The law requires that the death attending physician. OR ATTENDING PHYSICIAN: TO HOSPITAL

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission)

e. COUNTY	Baltimore	MARYLAND	e. STATE	Maryland	b. COUNT	TY	
b. CITY OR TOWN write RURAL ar Stonelei	l (if outside corporata limits, nd giva naarast town)	c. LENGTH OF STAY IN 1b	c. CITY OR TO	Baltimore			nearast town)
	PITAL OR INSTITUTION (if not in	hospital, give straet eddrass)	d. STREET AD	DRESS		,	. IS RESIDENCE
Armacost N	ursing Home		429 N. I	Ellwood Ar	ve.		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Anna	P.	Doyle	DEATI	Novembe	r 29	19 66
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	. DATE OF BIRTH		9. AGE (In years last birthday)		
Female		OWED DIVORCED	April 9, 1	1893	73 yrs.	Months Days	Hours Min.
done during most of a	ATION (Give kind of work working life, evan if retired)	b. KIND OF BUSINESS OR INDUSTR		(County & State, or	r foraign country)	12. CITIZEN C	F WHAT COUNTE
At h	nome		Maryland	i		U.S.A	1.
13. FATHER'S NAME			14. MOTHER'S M.	AIDEN NAME			
Gamie	l Hawnie		Emily	J. Leach			
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
NO Nown)	(If yas giva war or datas of sarvice)	Mrs	. Margare	et Westcot	tt. 429 N	. Ellwoo	od Ave.
SATION	diata causa undarlying DUE TO (c)	CONTRIBUTING TO DEATH BUT NO		Market S		N IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter natura of i	njury in Part 1 or Par	t II of itam 18.)		
20c. TIME OF INJ Hour a.m. p.m.	V		CE OF INJURY (Homory, straat, offica bld		ty or town)	(County)	(State)
	that (I) (this hospital) at	trended the deceased from			n the causes a	/	that (1) (20) late stated above
22a. SIGNATURE	alles 100	Donnell	ATTENDING PHYS. 22d. ADDRES	MED. DIRECTOR [STAFF PHYS.		121 SIGN
NAME (Type	Charles F. O'	Donnell, M.D.	750	Ol York Ro	oad		
B REMOVAL (Specify	12.2.66	23c. NAME OF CEMETERY O			ATION (City, tow rkville,		(State)
24 FUNERAL DIRECTO ULLrich Fur		ADDRESS O Belair Road.	hr	REC'D BY REGIS	- 0001	istrar's signa	TURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending by sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer ceath. Koppanyi Dr. 25017 Pose word

> VR AI5 (4) 20M 1/65

Ite	mS	18 &Film	387 4-20	-67 MAI	RYLAND ST	ATE DE	PARTMENT OF	HEAL	TH	TIMOD	E 4 MARY	LAND
1		1521	8	CAL KES			, 301 W. PRESTO E OF DEATH		EEI, DAL	HWOK	1521	6
	1.	PLACE OF DEATH				UADVI AND	2. USUAL RESIDENCE a. STATE			d, If Insti	Υ	
		WITTE KUKAL	timore N (if outside corpora and give nearest to	vn)	c. LENGTH OF		c. CITY OR TOWN (II				e RURAL and gl	
0		d. NAME OF HOS	PITAL OR INSTITUTION	ON (if not In	hospital, give str	eet address)	d. STREET ADDRESS				16	e. IS RESIDENCE ON A FARM?
08			sewood Stat	e Hos	pital		827	61st	Avenue	9		YES NO X
	3.	NAME OF DECEASED (Type or print)	Geor	irst 'ge	Wayn		Last IRNBAUGH	4. DAT		Month	Day	
	5.	Male	6. COLOR OR RACE White	7. MARRIE		RRIED RCED	6-27-57		9. AGE (In last bir	years II thday) N	FUNDER 1 YEAR Months Days	Hours Min.
	10a dur	. USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b.	KIND OF BUSINES	SS OR	11. BIRTHPLACE (C	ounty & Sta	ate, or foreign	- 1	12. CITIZEN COUNTR'	1 ?
	13	Depender FATRER'S NAM	it		no	ne	Washingt					U.S.A.
	15.											
	15	David Le	enny Durnba	ugh	6. SOCIAL SECURI	TVNO I 17	Patricia	Joy	Ritch	Address		
35			(If yes give war or dates						0			1000
	-	no	DEATH ES-A and a		none		Rosewood Rec	ords	OWIN	gs Mi		RVAL BETWEEN
			DEATH [Enter only or ATH WAS CAUSED BY	1/4		4	0					SET AND DEATH
37			IMMEDIATE CAUSE		neum	uni	5					Luk
V		493 X	DUE	TO								
		Conditions, If		(b)			-					
		cause (a), st	tating the DUE	TO								
	z	underlying caus		(c)		D. 171107 110			0.110.121.011.01		100 Iso	WAS AUTOPSY
1	CATION		mental re			BUTNOTRELA	TED TO THE TERMINAL I	DISEASE CO	ONDITIONG	VEN IN P		PERFORMED?
	5	Microce	ephaly, sp	astic			epilepsy					S NO X
34	CERTIFI	OR CONTRIBUTI	WAS UNDERLYING THE CAUSE OF DEATHER MEDICAL EXAMI	TH 20b.	DESCRIBE HOW	INJURY OCCU	RRED. (Enter nature of	f Injury In	Part I or Pa	art II of	Item 18.)	
				1								
	MEDICAL	20c. TIME OF I		Year 20d.		ED 20e. PLA facto	CE OF INJURY (Home, fa ry, street, office bldg., e		. (City or t	own)	(County)	(State)
		21. I certif	y that W (this hos	pital) atter		ed from	4-15 .1	958	0 11-	18	19 66 t	hat (* (we) last
		saw the dec	ceased alive on 2	11-1	8 19 6	6, and that	death occurred at	11:35	from The c	auses a	nd on the day	e stated above.
9		22a. SIGNATUR	RE /	1	//		ATTENDENC	MED	CTAF		22b. DATE SI	GNED
20			118610	mor	2	M.D	. PHYS.	MED. DIRECTOR	STAF PHYS		11//	1/6/
1		22c. PHYSICIA NAME (T)		-	1.		22d. ADDRESS	195 /	Mills,	Md	, 2111	7
	23a	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME	OF CEMETERY	OR CREMATORY	23d.	LOCATION (City, tow	vn or county)	(State)
0		Burial (Spe	11/21	166	Washing	gton Na	tional	Pri	ince Ge	eorge	es, Mary	land
No.	24	. FUNERAL DIRE	CTOR Wilhelm				25a. RE	C'D BY RE	GISTRAR 2	5b. REC	Charles Sign	ATTRE
10			4308 Su	itland	Rd. Sui	tland,		10V 2	3 196	6		00

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARTLAND STATE DEPARTMENT OF REALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
15210	CERTIFICATE OF DEATH	15212

1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution	1: Residence before admission)
BALTIMORE COUNTY MARYLAND NEW TERSEY D. COUNTY	
b. CITY OR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TDWN (if outside corporate limits, write RUF	RAL and give nearest town)
TOWSON CHERRY HILL	67.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
GREATER BALTO, MEDICAL CENTER 69 HARLTON TRAILER	2 PHYES NO D
3. NAME DF First Middle Last 4. DATE Month DF 1	Day Year
(Type or print) DOROTHY KENT EDENS DEATH I	5 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUND Month) Month	DER 1 YEAR IF UNDER 24 HRS.
FEMALE CALL WIDOWED DIVORCED 5/19/26 40 yrs.	
during most of working life, even if retired) INDUSTRY	CITIZEN OF WHAT COUNTRY?
BUS GIRL NEW JERSEY RACETRACK HUNGDON, UA	YES
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
HARUEY, CARICO SNEAD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
No ladraz4117 Hospital Records	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CACHEXIA	2 MOS.
1531 DUE TO 1	[no
Conditions, If eny, which (b) ABOOMINAL CARCINO MATOSIS	611105
gave rise to Immediate cause (a), stating the DUE TO	2 You
underlying cause last. (c) CH / RANSVERSE COLOH	77.65
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTDPSY PERFORMED?
FI CA	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (C	
	66, that (1) (we) last
saw the deceased alive pn 11-5- 1966, and that death occurred at 210P. M, from the causes and D	n the date stated above.
22a. SIGNATURE 22b.	DATE SIGNED
M.D. PHIS. DIRECTOR PHIS.	-5-66
22c. PHYSICIAN'S NAME (Type) DANIEL F. NEGRETE 2909 FALLSTAFF RO	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	county) (State)
REMOVAL (Specify)	
24 FUNERAL DIRECTOR ADDRESS L 25a REC'D BY REGISTRAR 25b, REGISTR	RAR'S SIGNATURE
WM. Cock-Brooks Tuc Baltimore Not 21202 DATE NOV 9 1966 gel	iarles Judge
WM. Cook- Brooks Inc Baltimore, Md. 217021 DATE NOV 9 1900	0 0

VR AI5 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH b. COUNTY o. STATE o. COUNTY Maryland Baltimore MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Baltimore Catonsville IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS lease remave carban papers. and in any event, within 72 h 811 Dorchester Road YES NO Shangri-La-Nursing Home 4. DATE Middle 3 NAME OF 29, 1966 G. Eis, Sr. November DECEASED DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 7. MARRIED 6. COLOR OR RACE **NEVER MARRIED** lost poirthdoy) Months 1879 White Male WIDOWFD DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done COUNTRY U.S.A. INDUSTRY during most of working life, even if retired)
Machinest Retired Germany 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remova Unknown Unknown 21229 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates af service Mrs. Amelia D. Eis, 811 Dorchester Rd. Md. 214-05-3543A INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause State Dept. of Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (City or Town) (County) (Stote) 20d INIURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m ot work 21. I certify that (I) (this hospital) attended the deceased from 19/4 19 60, and that death accurred at 1370 M, fram causes and on the date stated above with the saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE STAFF DIRECTOR PHYS M.D. PHYS filed 22d. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) directar, po should be f (County) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 3801 Frederick Ave. Md. 21229 Loudon Park Cemetery 12-1-1966 24. FUNERAL DIRECTOR
Howard H. Hubbard, 4107 Wilkens Ave. 21229 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR NEC 966

0 VR A15 (4) 20 M 1/66

and 2

by the funeral Pages 1 and

completely filled in

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attending physician sermit. Then please

permit.

signed by the burial-transit

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FUNERAL DIRECTOR: After this certificate

Page 4 may

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be executed within 24 haurs after death

PHYSICIAN: The law requires that the death certificate

be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perhit—Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MAKI LAND 2	IAIE DEPART	MEMIOLU	EALIN		
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 301 V	W. PRESTON S	STREET, I	BALTIMORE 1	, MARYLAND

	15221	CERTIFICAT			E OF DEATH			1:	15219				
1.	PLACE OF DEATH a. COUNTY Be	altimore		MAR	YLAND	a. STAT	re Ma	rula	deceased lived, If Ir b. COU	NTY			1
	b. CITY OR TOWN (if ou write RURAL and give Baltimore	tside corporate lim e nearest town)	its,	C. LENGTH OF STA	Y IN 1b		Ва	utside e	corporate limits, w	rite RURAL	30	4	
	d. NAME OF HOSPITAL O				address)	d. STREET 5317	ADDRESS	n Au	enue			ON A FAR	M?
3.	NAME OF DECEASED (Type or print) Ans	First	lerin	Middle		Last		4. DAT	TE Mon	r 15.	Day	Year 19 66	
			ARRIED DOWED			. OATE OF	BIRTH		9. AGE (In years last birthday) 80 yrs.	Months	1 YEAR Oays	Hours N	HRS. Vin.
	I. USUAL OCCUPATION (GIVING MOST OF WORKING 1166,		IND	D OF BUSINESS OUSTRY Home	R		PLACE (Con	unty & St	ate, or foreign count		OUNTRY USA		
13	Unknown						er's maidi enown	EN NAME					
15 (Yi	. WAS DECEASED EVER IN 2s, no, or unkown) (If yes g	U.S. ARMED FORCES ive war or dates of servi	ce)	DCIAL SECURITY N		informant r. Cha	rles E	ller	in. 3604		alle	y Driv	je.
	18. CAUSE OF DEATH PART I. OEATH WA		se per line	o for (a), (b), and		A					ONS	RVAL BETWEET AND DEA	
	Conditions, if any, wi			HA	St	-1 D					10	TELV	J
N	cause (a), stating underlying cause last. PART II. OTHER SIGNIFIC	the DUE TO	ONTO IDIIT		THOT DELA	TED TO THE T	EDMINAL D	INTACE O	ONDITION CIVEN I	N DADT 1/a	119.	WAS AUTO	PCV
FICALIO									- West, 100		YE	PERFORME	D?
L CERI	20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY ME								Part or Part			(Chai	101
MEDICA	20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	While at work	Not While at work	20e. PLA	CE OF INJUR	Y (Home, fai ice bldg., et		f. (City or town)	(00	unty)	(Sta	.0)
	21. I certify that saw the deceased		attended			death occu	1 24	76, M,	from the cause:	s and on	the dat	nat (I) (we) e stated al	
	22a. SIGNATURE	23m	my		M.D			AED.	STAFF PHYS.] 226.	//6/	66	
	22c. PHYSICIAN'S NAME (Type)	Israel					00 NOT					(6)	
23	(Specify)	23b. DATE THER		Nesing		OR CREMAT		23d.	Baltimon EGISTRAR 25b.		rula	(State)
24	Sol Levinson	n & Bros.	Inc.,		ister	stown		OV 1	7 1966	filia	reg	Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15222	CERTIFICAT	TE OF DEATH	15220					
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if in a STATE b. Maryland	nstitution: Residence before odmission) COUNTY					
b. CITY OR TOWN (If autside carparate limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, wri	te RURAL ond give nearest town)					
write RURAL and give nearest tawn) Towson	N. T. Stranger	Baltimore 21234	304					
d. NAME OF HOSPITAL OR INSTITUTION (If no St. Joseph Hospital	it in haspital, give street oddress)	d. STREET ADDRESS 5608 B	erue e is residence on a farm?					
3. NAME OF Fir	rst Middle	Lost 4. DATE	Month Day Year					
DECEASED (Type or print)	illiam John	ENGELBACH SIZ DEATH N	ovember 8, 1966					
SEX 6. COLOR OR RACE white	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH May 12, 1881 9. AGE (In year last birthd	ars IF UNDER 1 YEAR IF UNDER 24 HRS. ay) Months Days Haurs Min. yrs.					
Da. USUAL OCCUPATION (Give kind af work dane uring most of warking-life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	I1. BIRTHPLACE (County & State, or foreign country) Maryland						
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
George Engelba	nch	Anna						
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((If yes give war or dotes o		. INFORMANT Villiam J. Engelbach	Address 2461 Ir. Ellis Rd.					
rise to immediate cause (a), stating the underlying couse last.	TO metastases. (b)	of prostate with multipl						
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES X NO					
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Part I or Part II of item 1	B.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	wn) (County) (Stote)					
21. I certify that (I) (this has sow the deceased olive on	21. I certify that (I) (this baseital) attended the deceased from 11/8/ , 19 66, ta 11/8/ , 1966, that (I) (we) los							
22a. SIGNATURE	eun Mo	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED 11/8/66					
22c. PHYSICIAN'S NAME (Type) M.S. Cocl	kburn, M.D.	7620 York Rd., Balt	imore, Md. 21204					
23a. BURIAL, CREMATION, 23b. DATE THI REMOVAL (Specify) 17-17	11 11 1 1 1 1		A . 1					
24. FUNERAL DIRECTOR	ADDRESS	WOREGID BY REGISTRAR 22	Sh. REGISTRAR'S SIGNATURE					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

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	and building	8.
	NOTES OF STREET	563969
	Mark welling by the	District cross . C.
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	description of process of the public of the	
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13/11/11		
AGIL BEAG DL	and the second second	The second of the second
		THE REAL PROPERTY.
		ST. AM. ST. MARKET

FOR STATE HEALTH DEPT.

within 24 hours ofter death. If any-deloy is pencil in Item 18. Give Pages 1, 2, and 3 ta Examiner's Office along with form PM3. Poge File pages 1 and 2 with the State Department of

This certificate should be executed within 24 hours ofter death. If =

"pending"

the funeral director. Page 4 should be forwarded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

necessory, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

5000

MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15921

19779	MEDICAL EXAMINER 3	CERTIFICATE OF	DEATH	Tooot
PLACE OF DEATH				: Residence before odmission)
D. COUNTY Baltiman	MARYLANO	O. STATE Penns	b. COUNTY	RL
o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	orporote limits, write RURA	ond give neorest town)
Rural - Cackeys	11/2 / 1 /200	Read	4.6	75.3
J. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS	47	e. IS RESIOENCE
Bex 316 Bexer	Hill Rd	1422	Linden St	ON A FARM?
NAME OF First	Middle	Lost , 4.	DATE Month	Ooy Year
Type or print)	ce Esther	Englehart	OF DEATH	- 26 1966
	. MARRIED NEVER MARRIED	8. DAZE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
Female White	WIDOWED DIVORCED	6-22-190		Months Doys Hours Min.
USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KINO OF BUSINESS OR	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT
House wife	INDUSTRY NE	Reading	Pai	COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Oscar B. He	im	Sarah	Titlow	
WAS OECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((If yes give wor or dates of se	mico)	INFORMANT	Daughter Address	BexerHillR
No	170-22-0624 J	ean Ellen Rei	nhart Boxs	16 Cockeysville
18. CAUSE OF DEATH (Enter only one couse			/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1 botolo	N (60	1115100	2 Doddan
420.1 DUE TO	9/1-	12	1	
Conditions, if ony, which gove) (b)	Hosper +	enune	ardio	2+71
stoting the underlying couse OUE TO	(A)	1/ 1		
lost. (c)	Manag	1/escula	Attern	
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port	or Port II of item 18.)	
CAUSE OF DEATH.				
20c. TIME OF INJURY Month, Ooy, Yeor Hour o.m.		ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
p.m. 19	While Not While of work of work	ctory, street, office bldg., etc.)		
21. I certify that I taak charge of	of the remains described above, h	eld an Autopsy , In	spection Inquir	y , and in my opinion
death resulted from: Natural (auses Accident , Su	icide , Homicide	. Undetermined man	iner 🗍
1/2/1/ =		2HIEF MEDICAL EXAM	AINER	
ACTUAL /////		.17 //		
ACTUAL SIGNATURE	+ Chound	CM.D ASSISTANT MEDICAL		22. DATE SIGNED
SIGNATURE EXAMINER'S	O'Donnell. M.D.	ASSISTANT MEDICAL DEPUTY MEDICAL EX. Address (Street, city	AMINER []	11/26/64
EXAMINER'S NAME (Type) Charles F. BURIAL, CREMATION, 23b. DATE THERE		DEPUTY MEDICAL EX. Address (Street, city	AMINER []	11/26/6
EXAMINER'S NAME (Type) Charles F.	DF 23c. NAME OF CEMETERY OR	DEPUTY MEDICAL EX. Address (Street, city	AMINER () town, or county)	11/26/6

VR A15ME (5) 6M 1/66

5 may be retoined for your files.

Health or its designoted agent, prior to burial, cremation, or removal, and in any event within 72 haurs offer death.

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Kewlulg Ott

FOR STATE

HEALTH DEPT.

Page Department af delay is after death PM3. hours certificate shauld be executed within 24 hours after death.

with the State D within 72 hour and 2 event any pages = and burial, cremation, ar remaval, permit burial-transit O p pe its designated agent, prior 3 shauld may be retained far yaur FUNERAL DIRECTOR: Page

CERTIFICATION

CAUSE OF DEATH

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type) 23o. BUR!

8. Give Pages 1, along with farm pending" necessary, please execute the certificate, writing the ward "pendin; the funeral directar. Page 4 shauld be farwarded to the Chief Medi Health ar 50 VR A15ME (5)

EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15224 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore Towson IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS St. Joseph's Hospital 3001 Virginia Avenue NO T 3. NAME OF Middle Lost 4. DATE DECEASED **EVANS** JOHN 66 В. November (Type or print) DEATH S SEX B. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Hours 10/30/1894 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. TATHER'S NAME Construction Moosic Penna.

14. MOTHER'S MAIDEN NAME John Jenkins Jennie Mae Evans IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Lillian E. Evans-3001 Virginia No

IB. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE (or line for (o), (b), ond (c).) Spinal Cord Contusion	INTERVAL BETWEEN ONSET AND DEATH
9020	DUE TO		
Conditions, if ony, which gove	(b)	Fracture of Odontoid Process.	
rise to immediote couse (o), (stoting the underlying couse (DUE TO		
lost.	(c) _		
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES X NO
20o. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING □		20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.)	

factory, street, office bldg., etc.)
House Hour XXX While / Not While While of wark 19 66 Cockeysville Balto. Md. ot work 21. I certify that I took charge af the remains described above, held an Autopsy [X] Inspection . Inquiry and in my opinion Hamicide death resulted fram: Natural causes Suicide Undetermined manner Accident CHIEF MEDICAL EXAMINER

20e. PLACE OF INJURY (Home, form,

O has	les	5. /	etter.	
			0	
Charles	S.	Petty		

20d. INJURY OCCURRED

Fell from scaffold.

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

11/4/66 Address (Street, city, town, or county) 23d. LOCATION (City or Town)

(City or town)

AL, CREMATION, OVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY
TAL (Specify)	11/7/66	Meadowridge Memorial

2So. REC'D BY REGISTRAN

Balt

(County)

(County)

Burial DIRECTOR Byers-8728 Liberty Rd. Randallstown

20c. TIME OF INJURY Month, Doy, Year

DATE

1966

(Stote)

22. DATE SIGNED

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		15225	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	15223
EALTH DEPT		PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institu b. COU	tian: Residence befare admission)
PM3. Page ort men of frer death	4	DAL Towson	MARYLAND	Mary	land	Baltimore
delay and 3 M3. Pog Tmepr Tmepr er deat		o. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b		tside carparate limits, write RU	JRAL and give nearest tawn)
P. P. Doort		10wso4	10 Neary		ley	03-1
th. If any d ges 1, 2, an i form PM3 ate Deportm	(I. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Pages 1, 2, and 3 vith form PM3. Po State Deport mey 72 hours after deor	0	St. Joseph He		3413	Orbitan Rd.	YES NO X
ofter deo 8. Give Pa along with with the St within 72	- 1	NAME OF First	Middle	Last	4. DATE Man	Doy Year
Give Sing w Sing w Th the	S. :	Type or print) Harold EX 6. COLOR OR RACE 7.	MARRIED R NEVER MARRIED R	Ewing 8. DATE OF BIRTH	9. AGE (In years	I IF UNDER 1 YEAR I IF UNDER 24 HRS.
			WIDOWED DIVORCED	5-30-1916	last birthday) 50 yrs.	Months Days Haurs Min.
hin 24 hours ncil in Item 18 niner's Office o pages Yand 2 v		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
in the er's of	dur	ng chast of warking life, even it retired)	Lipman Elec. Co.	MARY	LAN &	COUNTRYS, A
hin ncil i	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	IAME //	/
d within in pencil Examine Examine and in d		Olden T IN	1129	HMNAL		edner
ol E		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknown) (If yes give war,ar dates of sel	STiral - A A	NEORMANT	Addr	
executed and and and and and and and and and an		yes WW H		eLen M.	- Ewing	JAME
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be farwarded to the Chief Medicol Examiner's I be used os o burial-tronsit permit. File pages it to burial, cremation, or removol, and in this		18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY:	per line far (a), (b), and (c).)	id m	a him	ONSET, AND DEATH
should be e ne word "per o the Chief I burial-tronsit mation, or re		IMMEDIATE CAUSE (a)	0101101	7	6-10516	37 5000020
wo wo the trial-		Canditions, if any, which gave) (b)				
the slate of the company of the remover		rise to immediate couse (a), stating the underlying couse DUE TO			31.0% III.	
vertificate should writing the word warded to the CF sed os o burial-transurial, cremation,		last. (c)				
certii arwar used buria	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
his arte, e fa be u to b	CERTIFICATION					YES NO
certificate, ould be fares. hould be to prior to to to prior to	ERTIF	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED. ((Enter nature of injury in I	Part I ar Part II af item 18.)	
ner: T certifice hould by lles. should it, prior	AL C	CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm	, 20f. (City or town)	(Caunty) (State)
	MEDICAL	Haur a.m.	While — Not While — foctor	ory, street, office bldg., etc.)		(county) (sidie)
IEDTCAL EXAMINER: T sose execute the certifica irector. Poge 4 should b oined for your files. IRECTOR: Page 3 should designated agent, prior		p.m. 19 21. I certify that I took charge of	at work at wark	ld on Autonsy	Inspection Inq	uiry , ond in my opinior
AL Peccor. Por John Tok:		deoth resulted from: Notural				
ectorine REC		1/1/2/4	, 0	CHIEF MEDICAL	—,	nonmer
pele pele dii reto its o		SIGNATURE COLOR	The redell	M.D. ASSISTANT MEDI	ICAL EXAMINER	22. DATE SIGNED
SSON, post be r	1	EXAMINER'S	OlDana all M. D	DEPUTY MEDICA		11/25/6/
	no.		O'Donnell, M.D.		, city, town, or county)	12/00
the the Heal	230	REMOVAL (Specify) 23b. DATE THEREO	6 Nata 1 1.2 1		23d. LOCATION (City or To	own) (County) M(State)
Show	24	FUNERAL DIRECTOR	ADDRESS			EGISTRAR'S SIGNATURE
VR A15ME (5)	C	has FFVence Son	8802 Hartonx	NO DATE ALL	1V 29 1966	Minney Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10000	CERTIFICATI	E OF DEATH		19224
1.	PLACE OF CEATH a. COUNTY				stitution: Residence before admission
	Baltimore County	MARYLAND	a STATE	Pb. coul	
_	b. CITY OR TOWN (if outside corporate limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o		rite RURAL and give nearest town
	Mount Wilson	10 days	Kentland		16-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET AOORESS	- 1	e. IS RESIDENC ON A FARM?
	Mount Wilson State Hos	spital	7640 9	reely Rd	YES NO
3.	NAME OF OECEASEO (Type or print) A Vison	Hames	E 22 ell	4. OATE Mont	h Day Year 14 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	MEYER MARKIES	7.10.24	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
10	a. USUAL OCCUPATION (Give kind of work done 10b, K)	DIVORCEO DI		42 yrs.	LAS OUTLITED OF WHAT
du		ND OF BUSINESS OR IOUSTRY	Λ	nty & State, or foreign country	y) 12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
	Victor Ezzell		iz race	Rackley	
15 (Y	PS. No. or unknown) (If yes nive war or dates of service)		INFORMANT	Addre	
			cords, Mt.	Wilson Stat	
	18. CAUSE OF OEATH [Enter only one cause per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lulmeman	y Jubercul	2/120	8 me
	() () 2 OUE TO				
	Conditions, If any, which (b))		
	gave rise to immediate (cause (a), stating the DUE TO				
	underlying cause last.				
ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO CEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
CAT	Brownbopneumonia				PERFORMEO?
	202 ACCIDENT WAS LINDEDLYING TO 1 206 D	ESCRIBE HOW INJURY OCCU	DDED (Enter nature of I	niury in Part I or Part II	
CERTIFICATION	OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESONIDE HOW MISON I COOC	KKED. (Enter nature of n	injury in rait i or rait in t	or item 10.)
EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While p.m. 19 at work		CE OF INJURY (Home, farm ry, street, office bldg., etc.		(County) (State)
Σ			11 11 10/	11 11	19 66 that (I) (we) las
	21. I certify that (I) (this hospital) attende saw the deceased alive on		death secured at 71		The free ting to the land
	22a. SIGNATURE	1 19 CD, allu tilat	death occurred at 1	APIN, HUIII the causes	and on the date stated above
	1 Myvemus	M.D.	ATTENDING ME	ED. STAFF PHYS.	11.14.66.
	Wm. Newcomer, M.D., Supe	nintandant	22d. AODRESS	Lean Manul	
_			Mount Wi		
23	REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, to	
0.1	Burial 11.18.66	Arlington N		m Arlington	
	FUNERAL DIRECTOR	AODRESS	Wash 25a. REC'E	BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
T	on Firmana? Hama 200 /	th at N D	0 0 1 10	Y IN ISBb	illanero, Undan

VR AI5 (4) 20M I/65

lesique santa neativi dance

Man Mowcower, M.D., Sugar incomicant ligant Vilson, lary Land

I to broke to the contract of I

15227

please execut Certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Item of its necessary, 4 should be forwarded to the Chief Medical Examiner's Office along with ferm PM3. Page 5 may be retained for your files.

**TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15925

1. PLACE OF DEAT	H			2. USUAL RESIDE	NCE (Where de	ceased lived, If	Institution: Res	sidence befo	ore edmission
e. COUNTY Bal	ltimore		MARYLAND	CTATE	yland	b. COUN	Imag	imore	
b. CITY OR TOWN	(if outside corporate limited give nearest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orele limits, write	RURAL end	give neerest	town)
	ltimore 21	L234	5 years	Bal	timore	21234		1311	
d. NAME OF HOSP	ITAL OR INSTITUTION (f not In hospi	ital, give street address)	d. STREET ADDRES	S				S RESIDENC
663	36 Collings	ate Ro	oad	6636 C	ollingsg	ate Roa	ıd		NO K
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month		Day Y	Yeer
(Type or print)	JOHN	1	CHARLES	FALCK	DEATH	11		7	19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In yeers	-		
Male	White	WIDOWED	DIVORCED	March 1. 1	910	lest birthday) 56 yrs.	Months De	ys Hour	rs Min.
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retire	10b. KIN	ID OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stel	e or foreign cou	ntry)	12. CITIZI	EN OF WHA	T COUNTR
Enginee:			te of Md.	Pennsylv	ania		U	.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDER					
Charles	C. Falck			Mary E.	Girvin				
15. WAS DECEASED ET		CES? 16. S	OCIAL SECURITY NO. 17.			66364nB	ollin	sdale	Rd.
Yes	WWII	190	6 10 7557 M	rs. Miriam		lck			
	DEATH [Enter only one							INTERVAL	
PART I. DEAT	TH WAS CAUSED BY:	Gunsho	ot Wound of He	ead				ONSET AN	D DEATH
any	DUE TO								
Conditions, if on							- 100		
geve rise to Immed	diete cause								
(a), stelling the cause last.	underlying								
	(c)_ R SIGNIFICANT CONDIT	TIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 10	a): 19. WA	S ALITOPSY
OT I								PE	RFORMED?
208. EXTERNAL C	AUSE WAS 2	Ob. DESCRIB	E HOW INJURY OCCURED.	Enter nature of Injury In Pa	art I or Pert II of	Item 18 \		YES] ио 🗵
PART II. OTHE	ONTRIBUTING []		ently shot sel						
			JURY OCCURRED 200. PL		rm. ! 20f. (City	or town)	(County	el .	(State)
Hour -		While	Not While fac	tory, street, office bldg., et	c.)				
77150				lome	1		Balti		Md.
			ins described above, he		Inspection			and in my	opinion
death resulted	from: Natural ca	uses,	Accident, Suid	ide X, Homicide		letermined m	anner		
ACTUAL	1/1/	1	Test.		EXAMINER				
SIGNATURE	1/1/	WI	w.u.c.	M.D.	DICAL EXAMINE	LESS		DATE S	SIGNED
EXAMINER'S	Rudiger B	reiter	necker		AL EXAMINER			11/7	7/66
NAME (Type) 22e. BURIAL, CREMATIC	ON. 226. DATE THERE	ne la	2c. NAME OF CEMETERY O		city, town, or c	ounty) ON (City, town,		-	Chala
REMOVAL (Specify	1)						or country)	(:	Stete)
Burial 23 EMMERAL DIRECTO	11/10/6	06 1	Arlington N		Arlin		Virgi		
DIRECTO)	VANACOS		C'D BY REGISTR			0 0	100
in to	6 Aloson80	321 L	och Raven R	TATE DATE	10V 9	1966	Milar	to July	7

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deloy

This certificate should be executed within 24 hours after death.

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE EALTH DEPT.	15228					
IEALTH DEPT.	1. PLACE OF DEATH					
	o. COUNTY					

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, the funerol director. Poge 4 should be forworded to the Chief Medical Exominer's Office along with form,

± ÷		o. COUNTY B	altimore			
rement ter dea	b. CITY OR TOWN (If outside corporate firm write RURAL and give nearest town)					
0.0	d. NAME OF HOSPITAL OR INSTITUTION (If					
hours	St. Hoseph's					
with the State Dewithin 72 hours		NAME OF DECEASED (Type or print)	Carmel			
2 with t with	1 "	male .	6. COLOR OR RACE			
	10o. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) **Toneman**					
0 5	13.	FATHER'S NAME				
le p		Joseph	Jazio			
ermit. Fi	15. (Y∈	WAS DECEASED EVE es, no, or unknown) yes	R IN U.S. ARMED FORCES (If we) give wor or dote			
os o buriol-transit permit ol, cremotian, or removal,			ATH (Enter only one of H WAS CAUSED BY: IMMEDIATE CAUS			
o buriol-tr cremotian,		Gooditions if any	which gove			
bur		Conditions, if ony, which gove rise to immediate couse (a),				
os o cre		stoting the under	lying couse			
be used of to buriol	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS			
should by	AL CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CON CAUSE OF DEATH.	NTRIBUTING			
your fill oge 3 s agent	MEDICAL	20c. TIME OF INJU Hour o.n p.n	1. 1.			
			that book char			
rained to		deoth result	ed from: Notu			
is is		ACTUAL SIGNATURE	Malle			
V De		EXAMINER'S NAME (Type)	Chanles			
FUNE FORE	230	BURIAL, CREMATIO	Charles N, 23b. DATE T			
0 E		6 REMOVAL (Specify)	11-1			

Division of STATISTIC	AL RESEARCH AND RECORDS, 30	1 W. PRESTON STREET,	BALTIMORE, MARYLA	AND 21201		
15228	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	152	26	
COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Wher o. STATE	re deceosed lived, if institution b. COUN			
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville				
NAME OF HOSPITAL OR INSTITUTION (If not in St. Hoseph's Ho.		d. STREET ADDRESS	point Koaa	1	e. IS RESIDENCE ON A FARM? YES NO	
AME OF ECEASED (armelo	Middle + Ja	Lost 4.	DATE Month OF DEATH Nov.	76	Year 19 66	
1 1 1 1	MARRIED X NEVER MARRIED	8. DATE OF BIRTH 2-25-1893	9. AGE (In years last birthdoy) Yrs.	Months Doys	Hours Min.	
USUAL OCCUPATION (Give kind of work done g most of working life, even if retired) Joneman FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY Onstruction	11. BIRTHPLACE (Stote or for Stale) 14. MOTHER'S MAIDEN NAME		12. CITIZEN O COUNTRY		
Joseph Jazio		Santina	Riveda			
WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) ((If ye) give wor or dotes of se	niio V	NFORMANT Lose Fazio	Addres	same		
18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ov	per the for (o), (b), and (c).)	e Doe	Itall	ice INT	ERVAL BETWEEN	
43 4 f DUE TO	101	121	1		0	

۲			
	PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(o)
	•		
L			
	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II	of item 18.)
ı	CALISE OF DEATH		

ARY □ or CONTRIBUTING □ E OF DEATH.		vacantas, (and noise of injury in voice		
TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, form,	20f.	(City or town)

19 p.m of work 21. I certify that Jook charge of the rem deoth resulted from:

DUE TO

	Not While of work					NJURY (Ho	
ins	describe	d ahos	10	held	an	Autons	<u>, Г</u>

Suicide

topsy,	Inspection Inquiry ,	ond in my
Homicide	, Undetermined monner	
CHIEF MEDICAL	EXAMINER	

SIGNATURE	Malles How	enell M.D.
EXAMINER'S		
NAME (Type)	Charles F OlDonnell	

n	0	1	1.	M	D.	
_	11.4	115	01	CELLETE	24 0.0	

ASSISTANT MEDICAL EXAMINER	
DEPUTY MEDICAL EXAMINER	
Address (Street, city, town, or	

Street,	city,	tov	vn,	or	coun	ity)		
	1 2	23d	10	CA	TION	(City	10	

	14	DAIL JIGHI
11	/	1
	111	11/
	110	160

WAS AUTOPSY PERFORMED?

(Stote)

opinion

DATE THEREOF

CREMATORY NAME OF CEMETERY OR

(County) (Stote)

24. FUNERAL DIRECTOR

ADDRESS

2So. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE 25b.

(County)

VR A15ME (5) 6M 1/66

and the second s

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11-10

Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE, MARYLAND 21201 5/66 mh 15007

OR STATE		15229	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15227
M3. Page tment of tr death		PLACE OF DEATH D. COUNTY Baltimere	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if	institution: Residence befare admission) COUNTY Balton
h farm PM3. Page state Department of the haurs after death	1.00	o. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Wson, Maryland	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corparate limits, wr	e 30-4 21212
te Depo	(A. NAME OF HOSPITAL OR INSTITUTION (IF NOT ST. JOSEPH HOS	in haspital, give street address) SPITAL	d. STREET ADDRESS6223 Northwo	e. IS RESIDENCE ON A FARM2 YES NO
the S in 72		NAME OF Firs DECEASED Type or print) JENNI		Lost 4 DATE OF DEATH NO	
with that within	S. 5	Female White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 1892 9. AGE (In ye) 7 birthd	ay) Months Days Haurs Min.
ges land 2 any event	duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) American Bakery	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) Baltimore, Md.	12. CITIZEN OF WHAT
File pages and in any	13.	John Paul		14. MOTHER'S MAIDEN NAME Mary Einwich	
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war ar dates of	carviva P 7 3 03 6600 A	INFORMANT Irs. Doris M. Hutton	Address n-6223 Northwood
ansit ar re		IB. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Company) Canditions, if ony, which gave	e per line for (a) (b) and (c).)	Efferse on	INTERVAL BETWEEN ONSET AND DEATH
g d		rise to immediate cause (a), stating the underlying cause	o co		1 Office ins
be used as ta burial,	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
auld	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item	18.)
2 5	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	wn) (County) (State)
runekat Dikeciok: Page		21. I certify that I taak charge death resulted from Natural Natural ACTUAL SIGNAPURE	of the remains described abave, he causes A. Accident Sui	cide , Hamicide , Undetermin CHIEE MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	Inquiry , and in my opinion ed manner
UNERAL UNERAL Jith ar			. O'Donnell, N.D		117/66
To Fuver Health o	23a.	BURIAL, CREMATION, 23b. DATE THER BURIAL Specify 11/11	1/66 Gardens of	Faith Balto.	
15ME (5)	M	FUCTOR Wiedefeld	Home The.	250. REC'D BY REGISTRAR 2 DATE NOV 9 195	Sb. REGISTRARY SIGNATURE Judge

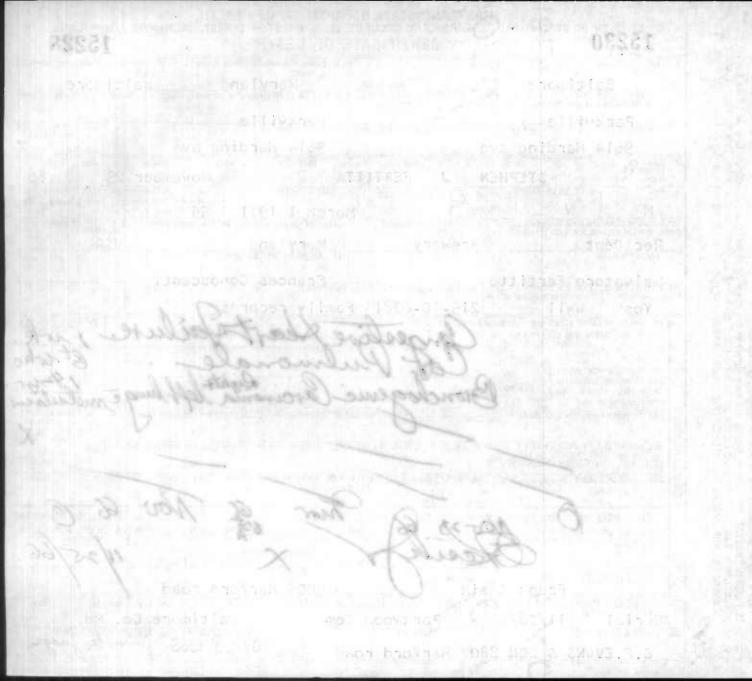
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	and wells good to		fort and
	.6	Ediamore Jf.	
	TO THE STATE OF TH	THE ARCHES	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15230
CERTIFICATE OF DEATH
11 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before

a. COUNTY	a. STATE b. COUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
9614 Harding ave	9614 Harding ave
3, NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) STEPHEN J FERTIT	TA DEATHNOVEMber 23 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Isat birthday) Months Days Hours Min.
	March 1911 55 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Rec Dept Brewery	Maryland USA
AS TATISMO HAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Frances Conoscenti
(Yes, no, or unkown) (If yes give war or dates of service)	
Yes WW11 215-10-0281 1 18. CAUSE OF DEATH (Enter only one cause per Line for (a), (b), and (c) (d)	Family records
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o sear failute, onset and death
162.1 DUE TO	1 a la Rtina
Conditions, if any, which) (h)	umorate 6 to 10
gave rise to immediate cause (a), stating the underlying cause last. DUE TO DOUGHOUSE	arcinoma left hung omotastars
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
FICAT	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA factor 2Dd. INJURY OCCURR	pry. street, office bldg., etc.)
21. I certify that (i) (this hospital) attended the deceased from	1966 to 100 1960 that (1) (we) last
saw the deceased alive on 19 36 and that	t death occurred at 6 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Charles M.I.	D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. DI 11/25/66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Frank Kasik	9005 Harford road / /
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL (Specify) 11/26/66 Parkwood	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
C.F.EVANS & SON 8802 Harford ro	ad DATE NOV 28 1966 guarles Judge

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY e. STATE b. COUNTY Baltimore the T MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Reisterstown vears Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Shirley Manor Road Shirley Manor 3. NAME OF Middle DATE DECEASED Nov. (Type or print) Patrick Joseph Fiori DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED [X] NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | pue last birthday) Male WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) New Jersey State of Maryland Retired Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine Joseph Fiori 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 958 Shirley Manor Rd. (Yes, no, or unkown) | (If yes give war or dates of service Fiori Mrs. Ruth B. 18. CAUSE OF DEATH [Enter only one cause, per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TØ (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 201. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. al work et work saw the deceased alive on..././. 22a. SIGNATUKE MED. ATTENDING PHYS. DIRECTOR PHYS. 22 PHYSICIAN'S 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

7966

Owings Mills. Md.

る時の VR A15 (4)(REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Rumi

23d. LOCATION (City, town or county) Maryland Oakland Ch Cem. Sykesville 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Baltimore

22

e. IS RESIDENCE

YES NO X

Year

19

ONSET AND DEATH

19. WAS AUTOPSY

(County)

PERFORMED? NO F

(State)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

ON A FARM?

66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15232	CERTIFICATE	OF DEATH	1	5230
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md.	nere deceosed lived, if institution b. COUNT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16		ide corporote limits, write RURA eysville	L ond give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho Box 151 Church Lane	ospitol, give street address)	d. STREET ADDRESS Box 151 Chu	rch Lane	e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF First DECEASED Hilda (Type or print)	Middle Benson #	Ford	4. DATE Month OF Nov. 20	0,1966
F Carro	ARRIED NEVER MARRIED 5	8. DATE OF BIRTH Dec. 30,191	1 1 1 1 1 1	Months Ooys Hours Min
Do. USUAL OCCUPATION (Give kind of work done luring it of getting liceeven if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Cockeysv	Stote, or foreign country)	12. CITIZEN OF WHAT
3. FATHER'S NAME William W. Howard		14. MOTHER'S MAIDEN NA Nann	ME ie Howard	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes 1788 or unknown) (If yes give wor or dotes of servi	. N	NFORMANT 11sworth S.	Address Ford, Cockeys	ville, Md. 2103
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).) MYOCARDIAZ	NEARCTION	V	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove (b)	RTERIOSCLEROTIC C			3 YRS
stoting the underlying couse last. Cc)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this hospital) saw the deceased alive an	attended the deceased fram	t death accurred at \angle	10 M, from causes a	nd an the date stated aba
OD- CICHATUDE		ATTENDING N	AED. STAFF	22b. DATE SIGNED
220. SIGNATURE.	itslessy M.		IRECTOR PHYS.	11-21-66
		D. PHYS. D	imonium, Md#	11-21-66
22c. PHYSICIAN'S TAILTION A	Pillsburg 23c. NAME OF CEMETERY OR (D. PHYS. L. D. 22d. ADDRESS T	IRECTOR L PHYS. L	n) (County) (State)

d campletely filled in by the funeral mave carban papers. Pages 1 and 2 Iny event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then plead should be filed with the State Dept. af Health prior to burial, cremation, or remaval, and

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 01	15233	3		CERTII	FICATE	OF DE	ATH			15	23		
0. E	ACE OF DEATH COUNTY Baltimor	9			RYLAND	o. STATE	land			Cecil	Cour	ity	1)]
b.	city or town (I write RURAL and Catons	f outside corporate limit give neorest town) VILLO	S,	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	own (If out	side corporo st	te limits, write R	URAL ond give	neorest	town)	
		at or institution (if no ove State F				d. STREET A	DDRESS	*ioniio	SIII			ON A FAR	ENCE RM? NO V
3. N/	AME OF CEASED ype or print)		irst	Middle		Lost FO		4. DATE OF DEATH		nth 5 – 66	Doy	Year	
S. SE		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		DATE OF BI		4 9.	AGE (In years last birthdoy)	IF UNDER Months	Doys	IF UNDER 2	24 HRS Min.
10o. U duripg	SUAL OCCUPATION most of working arpenter	(Give kind of work done ite, even if retired)	10b. KII Bu.	ND OF BUSINESS OR DUSTRY.				Stote, or for	eign country)		IZEN OF UNTRY?	WHAT S.A.	
15 V	Unline WAS DECEASED EVE	John F. R IN U.S. ARMED FORCES? (If yes give wor or dotes of	16. S	SOCIAL SECURITY NO. 5-22-8201	17. IN	unic IFORMANT		ary F	. Mille: Add	Iress			
C ni s		e couse (o),	(o) Myo(10 Art(cardial Ir eriorscles eriorscles	rotic	cardi	ovascu		eart di	sease	ONS	RVAL BETW BET AND DE INCOMI	ATH
P	PART II. OTHER SIC	MIEICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO TH	E TERMINAL	DISEASE CONI	ITION GIVE	N IN PART 1(o)		19.	WAS AUTOF PERFORMED	D? _
CATIO		MIFICANT CONDITIONS C									YE		10 5
3 1			205. DES	SCRIBE HOW INJURY C	OCCURRED. (E.	inter noture o		ort 1 or Port	II of item 18.)				10 E
3 1	OR CONTRIBUTING IF EITHER, NOTIFY I	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yeor		JURY OCCURRED Not While	20e. PLACE	E OF INJURY (of injury in P	ort 1 or Port	II of item 18.} (City or town)	(Cou		S N	tote)
MEDICAL	OR CONTRIBUTING IF EITHER, NOTIFY I Oc. TIME OF INJU- Hour o.m p.m 21. I certil saw the de	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yeor	20d: IN While ot work	JURY OCCURRED Not While of work ded the deceased	20e. PLACE foctor	E OF INJURY (Home, form, e bldg., etc.)	20f.	(City or town)	er2519 s and an tl	unty)	(Stated) (we stated	tote)
MEDICAL	DR CONTRIBUTING IF EITHER, NOTIFY: 20c. TIME OF INJU- Hour o.m. p.m. 21. I certif saw the de 22o. SIGNATURE	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yeor 19 Ty that (1) (this has	20d: IN While ot work	JURY OCCURRED Not While of work ded the deceased	20e. PLACE foctor	e of INJURY or, street, office death acc	Home, form, e bldg., etc.) 23 , 19 urred atl	20f. 20f. 10PM	(City or town) a NOVemo , fram causes STAFF PHYS. [er2519_s and an tl	unty) 66, the date significance of the date of the da	(Si N	tote)
MEDICAL CERT	OR CONTRIBUTING IF EITHER, NOTIFY I Oc. TIME OF INJU- Hour o.m p.m 21. I certil saw the de	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yeor In 19 Ty that (I) (this has broased alive an Anthony of Anthony of Inc.	20d: IN White of work spital) attended 11-25	Not While of work ded the deceased	20e. PLACE foctor fram and that	death acc	Home, form, e bldg., etc.) 23 , 19 urred at G	20f. 10PM AED. DIRECTOR Pring	(City or town) a NOVEMO	er2519 s and an fl 22b. D/ X 11- State Mary	unty) OO, the date significant with the date significant with the date significant with the date of t	(Sf Nat (Sf) (we estated ED S66	tote) ve) la abav

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending thysican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

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FOR STATE HEALTH DEPT.

TO DEPUTY X. DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in all event within 72 hours after death.

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15232

	PLACE OF DEAT	H			2. USUAL RESIDEN	ICE (Where d	eceased lived, If	institution: R	esidenc	e before	edmission)
	a. COUNTY	Baltimore		MARYLAND	a. STATE	VIA .	b. COUN	Bal-	time	me	
	b. CITY OR TOWN (if outside corporete limi	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(Il outside eon	porate limits, write	RURAL end	give n	earest toy	vn)
		give nearest town)		25 200					1	1	
-		e River	if not in he	ospital, give street address)	Middleft:					15 D	FEIDENICE
				ospital, give siteel address)							A FARM?
_	- the	.003 Race Ro	pad		1003 Race					YES T	NO 🔀
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Mont		Day	Yea	r
	(Type or print)	Gro	ver	Cleveland	Frank Ja		13		30	19	66
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH	19	. AGE (In years			IF UNDER	24 HRS.
	Male	White	WIDOW	ED DIVORCED	2- 5- 1909		last birthday) 57 yrs.	Months [Deys	Hours	Min.
		ION (Give kind of work		KIND OF BUSINESS OR INDUSTR	- / -/ -/	or foreign so	untry)	12. CITI	ZEN OF	WHAT	COUNTRY
00	Carpent	orking life, even if retire		red. Obrecht Co	Baltimor	o Mana	bac F	TT	S.A.		
13.	FATHER'S NAME	CIT	1 ~ 1	ed. Opiecal oo	14. MOTHER'S MAIDEN		Lanu	0.1	0 . 24.	•	
-		(1 0	27				TD - 7 -	G 1	-		
15.	WAS DECEASED BY	ER IN U.S. ARMED FOR			NFORMANT		Barbara		cTar	a_	
(Ye	s, no, or unkown) (I	fyesgive war or detes of a	Brvice)	A ALL MINE TO A CO.			Address				
-	No L				Joseph H.	rank 1	.003 Rac	Road	23	1221	
				line for (a), (b), and (c).)					INTE	RYAL BET	TWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	17	7-S-C-V-D	15EASE				- ONS	DET AND	DEATH
	4221	DUE TO									
	Conditions, if any	10.00									
	geve rise to Immedi	iate cause			***	-			-		
	(a), steting the u	nderlying DUE TO							100		
_	cause lest.) (c)	TO 115 CO	MITAINI ITINIO TO AFATH AUTHOR							
2	PARI II. OTHER	C SIGNIFICANT CONDI	IIONS CO	NTRIBUTING TO DEATH BUT NO	RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19		NUTOPSY DRMED?
3				2					Y	_	NO D
CERTIFICATION	20a. EXTERNAL CA	NUSE WAS	Ob. DESC	RIBE HOW IN URY OCCURRED.	(Enter nature of injury in	Pert 1 or Pert II	of item 18.)				-
	CAUSE OF DEATH.			10000							
MEDICAL	20c. TIME OF INJU	IRY Month, Day, Yes		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m, ; 20f. (City	y or town)	(Coun	ty)	11-12	(State)
NED VED	Hour a.m.	19	While at wo	e Not While fector	ry, street, office bldg., etc	c.)					
~			_	mains described above, he	d an Autonox	le constitue	CV Insuit		. 1 :		
			_			Inspection	Tarra .	- IE-1	and i	n my o	pinion
×	death resulted f	rom: Natural ca	uses [Accident, Suici			determined m	anner			
		ma.		200	CHIEF MEDICAL	EXAMINER [
	ACTUAL SIGNATURE	11/1/20	11/2	1 1112.	M.D. ASSISTANT MED	DICAL EXAMIN	IER		DZ	TE SIG	NED
	EXAMINER'S	MAR		7 /	DEPUTY MEDICA	L EXAMINER	4	/	2/	1/6	6
	NAME (Type)	N113. DAVI.	SM	D- William	2 - Lades Asholy	City Royer, or	Equation On -	-		10	0
22a	BURIAL, CREMATIC		OF	22c. NAME OF CEMETERY OR	CREMATORY		TION (City, Jown	or sounty)		(Stell	•)
	REMOVAL (Specify)	12-3-196	56	Zion Lutheran	Cemetery	Balti	more, Co			Md.	5 10
23.	FUNERAL DIRECTO	R		ADDRESS	/ 1 24a RF6	C'D BY REGISTI	RAR 24b. REG	STRAR'S SIG	NATU	RE	
1	0	7		HUNDO D	DATE	DEC 2	1966	Mly-	10	0.	
Dr.	wann.	vannak	me	745/ Below Ro	TOATE 3		1000	1	Ung	Jud	12-
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5235
CERTIFICATE OF DEATH
15233

1.	PLACE DF DEATH			CE (Where deceased lived, If institutio	n: Residence before admission)
	a. COUNTY	MADVI AND	a. STATE	b. COUNTY	3.11
-	b. CITY OR TOWN (if outside corporate limits.	c. LENGTH CF STAY IN 1b	c. CITY OR TOWN (H	outside corporate limits, write RU	IRAL end give nearest town)
	write RURAL and give nearest town)	3 days			1 0 1
-	TOWSON		BALTONA	0. 21234	03,1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street address)	d. STREET ADDRESS	10. 10.1	e. IS RESIDENCE ON A FARM?
	REATER BOLTIMORE MEdical	CENTER	18807 CH	LE wood Rd,	YES NO NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) ANN ELIZA	BETH FR	EE MAN	DEATH // -	14 19 66
5.	SEX 6. CDLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUN last birthday) Mont	DER 1 YEAR IF UNDER 24 HRS.
	F CAY WIDDWED	DIVORCED	9-19-27	3 / yrs.	
	. USUAL OCCUPATION (Give kind of work done 10b. KIN ing most of working life, even if retired)	D OF BUSINESS DR	11. BIRT HPLACE (C	county & State, or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE OW		BALTO,	MD	USA
13.	FATHER'S NAME	7.01.10	14. MOTHER'S MAII		
	JOHN R. DILWORTH		ETHEL	MARY SHAW	/
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SI	OCIAL SECURITY NO. 17.	INFORMANT	Address	
	NO		Pt. Chi	art	
	18. CAUSE DF DEATH [Enter only one cause per lin	e for (a), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	SSEMINAT	TED LU	INUS	ONSET AND DEATH
	HEIV	611	1 251	8 -	
	Cenditions, If any, which	CRY THE	WA TO 21:		
	gave rise to immediate	/			
	cause (a), stating the DUE TD	/			
Z	underlying cause last. (c)			PLANTAGE ACTION OF THE PARTY	1(a) 119, WAS AUTDPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING ID DEATH BUT NOT KELL	ALED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART.	PERFORMED? YES ND
RTIF	20a, ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury in Pert I or Part II of Item	1 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		JURY OCCURRED 20e. PL	CE OF INJURY (Home, fory, street, office bldg., 6	arm, 20f. (City or town)	(County) (State)
0	Hour a.m. While at work	Not While at work	My, street, office blug., c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	21. I certify that (I) (this hospital) attended		1-11-66 1	9 to 11 - 14 1	9 66, that (I) (we) last
		the deceased Irbin	t death peasured at	//3°PM, from the causes and i	
	saw the deceased alive pn	19_&, and tha	t death occurred at-		. DATE SIGNED
	Drumbhy		ATTENDING -	MED. STAFF	11-14-66
		M.I	The state of the s	DIRECTOR PHYS.	// / / - 0 0
	22c. PHYSICIAN'S NAME (Type) DOTO C. Ku	wilsky	6 Tea Tea B	saltimore medical	Center
232	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or	r county) (State)
1	REMOVAL (Specify)		3112111111111	(2.0)	
24	Burial 11/18/1966	Parkwood	1 25a. RE	Parkville, Ba	RAR'S SIGNATURE
	W.Jenkins & Sons Co.	4905 York B	33.	41.00 4	4 (1)
0	Baltimore	12 Md	DATE	10V 1 6 1966 KCC	carley Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

Item MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MARYLAND b. COUNTY QLTIMORE MARYLAND b. CITY OR TOWN (If outside carparate limits, C. LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest town CATONSU: LE 5140 70G Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? GROVE STATE HOSF NO L DATE OF IVOVERBER 3. NAME OF OLET Middle DECEASED (Type or print) S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Maryland None 13. FATHER'S NAME Jacob Fuld Mary Abel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, pe, or unknown) (If yes give war ar dates of service) CHART AT SPRING GROVE HOSP. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY OCARDIAL DNFARCTION IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a). LBETES MELLITUS, stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? TRACTURE LEFT TEMUR NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) factory, street, office bldg., etc.)

SPRING GROEFERS CATONSULLE ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 17 ond in my apinian death resulted from: Notural causes Accident Hamicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** E. KASAIT! NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) 11-7-66 Cedar Hill Anne Arundel Co., Mitchell-Wiedefeld Home, 6500 York Road Baltimore, ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Inc.

VR A15ME (5) 6M 1/66

TO FUNERAL Health ar i

3 shauld

FUNERAL DIRECTOR: Page

for

may be retained

please execute

O DEPUTY

the funeral directar.

-	-
Carried St.	71

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1000	ă.		CERTIFIC	GAII	E UF DEATH	1			1523	5
1. PLACE OF DEAT	н				2. USUAL RESIDEN	CE (Where decease	d lived, If inst	itution: Re	sidence before	admission)
a. COUNTY	ltimore				a. STATE	ryland	b. COUN	Prin	ce Geor	TO IS
	N (if outside corporat	e Ilmits.	MARYL c. LENGTH OF STAY		c. CITY OR TOWN (II		te limits, wri	te RURAL 1	and give near	est town)
write RURAL	and give nearest tow	n)							,	
	ings Mills	al /If mak lu l	2 weeks	der a		at Please	nt		10 10 00	SIDENCE
U. NAME OF HU	SPITAL OR INSTITUTIO	N (IT not in	hospital, give street ad	aress)	d. STREET ADDRESS					FARM?
Ro	sewood Stat	e Hosp	ital		723	39 Hyltor	Stree	t	YES 🗌	NO.
3. NAME OF DECEASED		rst	Middle		Last	4. DATE	Month		Day Y	ear
(Type or print)	Rich	ard	Wayne		FULLER	DEATH	11		21 19	66
5. SEX	6. COLOR OR RACE	7. MARRIEI		FIE	B. DATE OF BIRTH	9. AG	E (In years	IF UNDER 1	YEAR IF UND	ER 24 HRS.
Male	Negro	WIDOWED	_	2	6 76 60	las	6 vrs.	Months 1	Days Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work)	done I 10b	KIND OF BUSINESS OR		6-16-60	ounty & State, or f	9 7.00	1 12. GIT	TIZEN OF WHA	T
during most of work	alng life, even If retired	1)	INDUSTRY					COL	INTRY7	5.A.
Dependen	t		none			a, Maryla	ına		044	3 · A ·
13. FATHER'S NAM	1L				14. MOTHER'S MAII					
	wis Fuller				Lillian	Inez Bro	own			
	EVER IN U.S. ARMED FO		. SOCIAL SECURITY NO.	17.	INFORMANT		Addres	S		
no		Jan 110c/	none	1	Rosewood Re	cords, Ov	vings M	lills,	Maryla	and
	DEATH [Enter only one	e cause per	line for (a), (b), and (c)						INTERVAL B	FTWFFN
	EATH WAS CAUSED BY:	No	1 de annie	1 -					ONSET AND	DEATH
0165	IMMEDIATE CAUSE	_	NUGET OF THE	7		7.7			- 60	1/5.
Conditions, If	DUE	9	12001981	-						0
gave rise to	Immediate /	(b)	14 0 0013	-						
cause (a), s		T0						7.1		
underlying cau		(c)							100 1000 4	HEODON
PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIB	BUTING TO DEATH BUT NO	OT RELA	TED TO THE TERMINAL	DISEASECONDITI	ON GIVEN IN I	PART 1(a)		UTOPSY RMED?
ICA	letrali	1 9	of tall	ot	(A)				YES Z	NO 🗌
PART II. OTHER PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING	1 20b.	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter mature o	f Injury In Part I	or Part II of	f Item 18.)		
(IF EITHER, NO	TIFY MEDICAL EXAMIN	VER)			1					
ZOC. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 20	De. PLA	CE OF INJURY (Home, f	arm, 20f. (City	or town)	(Coun	ity)	(State)
20c. TIME OF Hour a.		White	Not While	facto	ry, street, office bldg., e	etc.)				
	m. 19	at wo			22.6		11 01	- 66		
			ded the deceased fro	om	11-7 , 1	966 to	11-21	1900	≥, that ₹()	(we) last
	ceased alive on	11-2	19 66 , an	nd that	death occurred at_	2 OUM, Porff	the causes			d above.
22a. SIGNATU	RE / CON	n			ATTENDING	MED.	STAFF A		TE SIGNED	
	MED WI	m		M.D	. PHYS.	DIRECTOR	PHYS.		11-22-6	6
22c. PHYSICI.		/			22d. ADDRESS					
	Zsolt Wo	ppany	i, M.D.		Rosewood	State H	ospita.	L, Owi	ings Mi	TT Mg
23a. (BURIAL) CREM	MATION, 23b. DATE 1	HEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d, LOCAT	ION (City, to	wn or cour	nty) (S	State)
REMOVAL (So		-1961	SI AR	LIN	1610N	HRXI	N 610	NI	INP 67	NIC
24. FUNERAL DIR		00	ADDRESS	3		C'D BY REGISTRA	The same of the sa	A	SIGNATURE	
W. F.	Joky K.	ws.	1432 You 21	n	n	NOV 22	1956	ocho	relen Ja	del
11.0	Lange C	100	720/00/	1	// DATE	MUN 40	1000	1	1	0

VR AI5 (4) 20M I/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STAJE		15238		MED	ICAL EXAMI	NER'S	CERTIFICATE	OF DEATH		15	236	
EALTH DEPT.		PLACE OF DEATH D. COUNTY Baltimor	e		MA	RYLAND	2. USUAL RESIDENCE O. STATE Virg	E (Where deceosed li	ived, if instituti b. COUN		ore odmissio	(no
ath. If any delay is ages 1, 2, and 3 to ith form PM3. Page State Department of 2 hours after death		o. CITY OR TOWN (If autside write RURAL and give new Pikesville			c. LENGTH OF STAY		c. CITY OR TOWN (If		mits, write RUR	AL ond give neon	est town)	2
eath. If an Pages 1, 2, vith form 1 s State Depc 72 hours af		NAME OF HOSPITAL OR IN:		hospitol, g	give street oddress)		d. STREET ADDRESS	nestown C	ressent		e. IS RESIL ON A F	DENCE ARM? NO X
hours ofter death. If a lem 18. Give Pages 1, Office olong with form 1 and 2 with the State De event within 72 hours		NAME OF DECEASED Type or print)	First Leonard		Meredith	n Ga	lost	4. DATE OF DEATH	Mont Nov.	h D	y Ye	66
rs offer dec 18. Give P e olong wit 2 with the S nt within 72	S.	1	14.	MARRIED WIDOWED	NEVER MARRI	느	8. DATE OF BIRTH 1-31-1906	9. AG	SE (In years st birthdoy) yrs.	Months Days		R 24 HRS. Min.
	dur	USUAL OCCUPATION (Give kin ng most of working life, even urgeon		10b. KI	ND OF BUSINESS OR DUSTRY LICINE		Richmond	ote or foreign countr	γ)	12. CITIZEN COUNTRY U.S.	OF WHAT	
within 24 n penal in xonint's File pages and in any	13.	FATHER'S NAME Aubrey H. Ga	lbraith				14. MOTHER'S MAIDE					
E 5		WAS DECEASED EVER IN U.S. A s, no, or unknown) (If yes giv No		rvice)	SOCIAL SECURITY NO. 29-03-3655	Mrs	Mary Rob	erta Gall		1128 J	amesto	own
vertificate should be executed writing the word "pending" in rworded to the Chief Medical (sed os o burial-transit permit. burial, cremation, or removol, c		18. CAUSE OF DEATH (Ent PART I. DEATH WAS C	er only one couse p AUSED BY: MEDIATE CAUSE (o).	oer line for							NTERVAL BET	
should e word o the Ch ourial-tra		420 Conditions, if ony, which go rise to immediate cause (DUE TO								T X	
ing the ded 1 ded 1 os o		stoting the underlying collast.										
0 27	ATION	PART II. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN	PART 1(a)	11	PERFORM YES	OPSY NED? NO
AMINEK: This the certificate, at should be foour files. ge 3 should be u agent, prior to b	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTIN CAUSE OF DEATH.	IG [SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury	in Port I or Port II o	of item 18.)	·		
AMIN e the e 4 sh our fill oge 3 s agent	MEDICAL	20c. TIME OF INJURY Month Hour o.m. p.m.	h, Doy, Yeor	20d. IN While of work			CE OF INJURY (Home, fory, street, office bldg., e		ty or town)	(County)	((Stote)
letral Examin ose execute the rector. Page 4 sh oined for your fill IRECTOR: Poge 3 s designoted agent		21. I certify that I			nains described of		ld an Autopsy [-	x, Inqu		d in my	apinia
S O S O S		ACTUAL SIGNATURE Z.	, Cap	lus		- /	CHIEF MEDIC	AL EXAMINER	_		22. DATE	SIGNED
RAI Or		EXAMINER'S D. D.	Caples,				Rd. Add Red		entyMd.		1-14-	66
necessa the fun 5 may 70 FUNE Health			Nov. 16,		23c. NAME OF CE		Cemetery	Nor	ON (City or Tov		V	a.
VR A15ME (5) 6M 1/66		FUNERAL DIRECTOR	1, Pikes	ville	ADDRESS Md.			NOV 2 2	1956 RE	GISTRAR'S SIGNATI	JRE Jus	ye.

HEALTH

24 hours ofter death. If any delay is in Item 18. Give Pages 1, 2, and 3 to are Office along with form PM3. Page

AL EXAMINER:

TO DEPUTY

This certificate should be executed within 24 hours ofter death.

D. D. Gapler

a. b. meth, u. j. a massage... g automatic in

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 1 tems 23c, 23d Fill 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15239			CERTI	FICATE	OF DEATH				159	37
	PLACE OF DEATH o. COUNTY	Baltimon	ce	MA	IRYLAND	2. USUAL RESIDENCE () a. STATE Md.	Where deceased 1	lived, if institut b. COUt		te before	admission)
		f outside corparate limit give nearest tawn) ale	S,	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (If at	itside carporate li dale	mits, write RUI	RAL and giv	e neorest	town)
	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	at in haspital, g	give street address)		d. STREET ADDRESS				e.	IS RESIDENCE ON A FARM?
	2330 H	amiltowne	e Circ	le		2330 Ham	iltown	e Cir	cle		ES NO
	NAME OF DECEASED (Type or print)		rst RNARD	Middle JOHN	GAPH	Lost IARDT	4. DATE OF DEATH	Nove		Day 15	Year 19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	IED 3	B. DATE OF BIRTH		GE (In years	IF UNDER		IF UNDER 24 HR
	male	white	WIDOWED	DIVORC	ED 🔲	7/6/1920	4	ist birthday) -6 yrs.	Months	Days	Haurs Min
duri	. USUAL OCCUPATION ing most of working thours		INI	ND OF BUSINESS OR DUSTRY OTK & Sea	al Co	11. BIRTHPLACE (County Baltim	& State, or foreign			TIZEN OF DUNTRY?	WHAT
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Sy	lvester (Gaphar	dt	ATT-	Anna	Jarous	ek			
1S. (Ye	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates o	of service)	SOCIAL SECURITY NO.		NFORMANT elen Zavod	0.00	Addre		. 1.	
7	Canditians, if any, rise to immediat stoting the under last.	e couse (a), clying couse	(b) Jes 10	MORALIZATION DE RIVER NOT R	RELATED TO T	CARRIAN O	NOITION GIVEN IN	PART 1(a)		19. 1	WAS AUTOPSY PERFORMED?
CERTIFICATION		CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY	OCCURRED. ((Enter nature af injury in	Part I or Part II o	of item 1B.)		YES	
MEDICAL		MEDICAL EXAMINER) JRY Month, Doy, Year n. 19	20d. IN While			E OF INJURY (Home, farm ory, street, office bldg., etc.		ity or tawn)	(Ca	unty)	(Stote)
		fy that (I) (this has eceased alive an_				death accurred at	966, ta_ M, fi				at (I) (we) stated aba
	220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		frondore K	oma. Gross	M.D	22d. ADDRESS	MED. DIRECTOR Nort	STAFF PHYS. C	11	ATESIGNE	160
E	BURIAL, CREMATIC REMOVAL (Specify BUILAL FUNERAL DIRECTO	23b. DATE TH	/66	ADDRESS		REMATORY Mer Cemeter	23d. LOCATI	ION (City or To B el air	wn)		(State)
(1)	Schimune 333	ek runera		e, Inc.		DATE N		1966	0.777		Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending proving an and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then bease remave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO HOSPITAL RATIENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and complete ad in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours effer death. 15M 7-62

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15238 15240

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. COUNTY	a. STATE b. COUNTY 0 0
MARYLAND MARYLAND	Jenua Vanklin
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ceistorstown 2 days	Kanlender Va. 7, 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS J. S. RESIDENCE
400 Homevale Court	53 h. Rederal St. VES NO DE
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) BLANCHE HELMAN G	ELWICKS DEATH % CC 25 10//
	100. 23, 1766
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min
WIDOWED DIVORCED 1	1-14-01 65 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2/.	prouble G 12. U. La
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. TAMER 3 HAME	14. MOTHER 3 MAIDEN NAME
Land C. Helman	Caroline Aprenble
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, ng, or unkown) (Ifyesgivewarordatesofservice)	INFORMANT 400 Homewale Court
no- 172-24-7878	Low h. helivila Pres touton, hol.
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ANSET AND DEATH
IMMEDIATE CAUSE (a)	norrhage - acule Minutes
204,4 DUE TO 1	
Conditions, if any, which \ (b) \ eukernia	- Chome 4 man
gave rise to immediate cause	- Theres
(a), stating the underlying DUE TO	
cause last. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
5	YES NO W
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION 206. DESCRIBE HOW INJURY OCCURED OR CONTRIB). (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate)
Hour a.m. p.m. 19 While Not While at work at work	
	land to 55 solds. Man 1 35 od francisco
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive or weither 25 19 6 , and that	death occurred at 1.2 MM, from the causes and on the date stated above.
276 SIGNATURE MAN 1	22b. DATE
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 11-25-144-C
22c. PHYSICIAN'S	1.D. PHYS. IX DIRECTOR PHYS.
NAME (Type) Clarence E. McWilliams M	DIGGOT THE REST OF
oralougo H. Hourrand M	11107 Klisterslow & Misterslow 113,
Age. Bokists, Chestoristics, 200.	OR CREMATORY 23d. LOCATION (City flown or county) / (Slate)
REMOVAL (Specify) 11-28-66 200	Mennonite R.D. Chambers from 1 a.
a service and Afring	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	NOV OD ADDO MIL O
Covert Covarlong Kambersh	and a DATE NOV 23 1866 Charles Judge
	7

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

1924	1		CERTIFICA	ALE OF DEATH		15239	
	altimore		MARYLANI	o. STATE Ma	Where deceosed lived, if institution b. COL	Baltimore	ian)
Owings			c. LENGTH OF STAY IN 1b	Owings	utside carporote limits, write RU Wills	03.1	
	TAL OR INSTITUTION (If no ghts & Waln			d. STREET ADDRESS Park Heig	hts & Walnut A	Ves.	FARM?
3. NAME OF DECEASED (Type ar print)	Fir Sa r ah		Middle rances Gi			ber 29, 1966	ear
s. sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	August 9,18	90 9. AGE (In years last birthday) 76 yrs.	Manths Doys Hours	R 24 HRS. Min.
	N (Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County Marylan	y & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joshua				14. MOTHER'S MAIDEN Emma De			
	ER IN U.S. ARMED FORCES? (If yes give wor ar dates a	service) 16.	social security no. 15-32-2398	17. INFORMANT Mr. Harry E.	Gill, Owings		
Conditions, if on rise to immedia stating the undulast. PART II. OTHER S	te cause (a), erlying cause	(b) Co TO (c) (d)	teriosal TO DEATH BUT NOT RELATED	Heart de	NOITION GIVEN IN PART 1(a)	roma 7 year 1 WAS AUT PERFORM	MED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	205. Di	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury in	Part I ar Part II of item 18.)	YES	NO [
	JURY Month, Day, Year	20d. I While at war		PLACE OF INJURY (Hame, far factory, street, affice bldg., etc		(County)	(State)
21. I cert saw the c	ify that (1) (this has deceased alive on	oital) atten	ded the deceased frai	m May 16 , that degree accurred a	19 <u>62,</u> ta <u>lloveniu</u> tM, fram causes	29, 1965, that (1) and an the date state	
22c. PHYSICIAN NAME (Type	se ENG	Jull	(aus)	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS. [22b. DATE SIGNED 11-29- Varyland	66
230. BURIAL, CREMATI REMOVAL Specif Burial	y) Dec.2,		23c. NAME OF CEMETERY Grace			ge Rd.Balto. M	(State) Vid.
J.F.Elin	e & Sons, Re	eister	stown, Md.		DEC 1 1966	EGISTRAR'S SIGNATURE	dge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit—Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or samply al, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY b. COUNTY Baltimore the 12 Maryland death. MARYLAND more 0 b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) an write RURAL and give nearest town) Baltimore Catonsvil .= --Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Paradise Nursing Home Northwind NO X completely papers. 3. NAME OF 4. DATE Middle DECEASED DEATH (Type or print) M. enry liss 1966 V. 6, carbon withi 6. COLOR OR RACE 7. MARRIED THEYER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Male WIDOWED DIVORCED nding physician a 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Retired-Farmer Montgomery 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME y the attending print. Then please removal, and in John S. Gilliss Leannah Ricketts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Box (Yes, no, or unkown) | (Ifyesgive war or dates of service) by the Gladys Wright Mrs. Sykesvi permit. 18. CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) has been signed e burial-transit pe cremation, **DUE TO** aftending Conditions, if any, which (b) gave rise to immediate cause certificate has by or use as the buri prior to burial, DUE TO (a), stating the underlying cause last. RELATED TO THETERALINAL UISLASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While Hour a.m. ŏ at work at work DIRECTOR: Dept. 19....., to...... 99 (2) 19....., that (I) (we) last attended the deceased from...... plnods State M, from the cause, and on the date stated above. saw the deceased alive on... and that death occurred 22b. DATE 22a. SIGNATURE ATTENDING SIGNED m PHYS. DIRECTOR PHYS. FUNERAL rector, page 3 filed with th M.D. HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF COMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) & FO 966 Ebenezer OH Cemeterv 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Sykesville.

VR AIS (4)

FOR STATE DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDICA

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

25 40 10 7	MEDIOA	E EVAIMILIATIO	OFICE III IOWER	OI DEATH	0641
1. PLACE DF DEA	TH ALTIMORE	MARYLANO		E (Where deceased lived, If institution: Royal b. COUNTY	
b. CITY OR TOWN WITH RURA	WN (If outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAL	end give nearest town)
d. NAME OF H	OSPITAL OR INSTITUTION (if not in i	nospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
VETERANS	ADMINISTRATION H	OSPITAL	3011 ECHO	DALE AVENUE	ON A FARM? YES NO
3. NAME DF DECEASED (Type or print)	First JOHN		Last INTLING	4. DATE Month OF DEATH NOVEMBER	8 19 66
MALE	WHITE WIOOWED	THE REAL MARKETES	B. OATE OF BIRTH MAY 26, 189	9. AGE (In years FUNDER: last dirthday) Months yrs.	Days Hours Min.
10a. USUAL OCCUPA during most of wor MECHANIC	king life, even if retired)	KIND OF BUSINESS OR INDUSTRY CHINE COMPANY		pennsylvania 12. Cl	TIZEN OF WHAT
13. FATHER'S NA	ME		14. MOTHER'S MAID	EN NAME	
WILLIAM	C. GINTLING		SALI	Y GROTTLE	
15. WAS OECEASEO	EVER IN U.S. ARMED FORCES? 16 (If yes give war or dates of service)	. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
YES	WW I	4 07 06 90 CLI	N. RECORDS, V	A HOSPITAL, FT HOW	ARD, MD.
	DEATH [Enter only one ceuse per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) BRON				INTERVAL BETWEEN ONSET AND DEATH RECENT
904	9 DUE TO	- Allerander			
Conditions, If		CTURE, RIGHT H	IP WITH INFE	CTION	78 DAYS
gave rise to			. 4		
underlying cau	(0)				
5 PART II. OTHER			TEO TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMEO?
ARTERIO	SCLEROTIC HEART DI	SEASE			YES NO
	AL CAUSE WAS 20b. CONTRIBUTING 1	OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Injury in Part I or Part II of Item 18.	
Hour a			CE OF INJURY (Home, fai ry, street, office bidg., et		nty) (State)
	fy that I took charge of the rer	nains described above, hel	d an Autopsy 🔲,	Inspection X, Inquiry X,	and in my opinion
death resul	Ited from: Natural causes	Accident K, Sui	cide, Homicid	le, Undetermined manner	
15	P. C.	Herr T	CHIEF MEOICAL	EXAMINER	
SIGNATURA	Mede. a	littor		ICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)	THEODORE C. PATT	PERSON, M. D.	OEPUTY MEOICA	AL EXAMINER [X 11/9/66 Lois, town, or town, Md. 21	222
23a. BURIAL, CRE REMOVAL (S BURTAL	MATION, 23b. DATE THEREOF	PARKWOOD CEM		23d. LOCATION (City, town or courant AYE. BALT	IMORE, MD.
24. FUNERAL OIR	RECTOR	EONARD J. RUCK	PINERA EV HOM	D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	## TY	ARFORD ROAD, BA	TITTOPHATE	4 1966 Jacker	Judge
	U	ARTURU MUAU, BA	THE WALL OF THE		

VR AISME (5)

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THOUSONS C. FITTERSON, II. D. 105 MAR SU. BLIGG, II.

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		Division of STATIS		MARYLAND STATE D ARCH AND RECORDS, 3		EALTH EET, BALTIMORE, MARYLANG	21201
	15244			CERTIFICAT	E OF DEATH		15949
	PLACE OF DEATH D. COUNTY	Baltimo	re	MARYLAND	OTATE .	Where deceased lived, if institution: R	
		If outside corparate limit give nearest tawn) TOWSON	,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	utside carporate limits, write RURAL o	nd give nearest tawn)
	. NAME DF HOSPIT	AL OR INSTITUTION (If no	t in hospital, g	rive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		Chesapea	ake Ma	nor Home	607	Dunkirk Rd.	YES NO X
	NAME OF DECEASED (Type or print)	Fi John		Middle isriel	Last	4. DATE Month OF DEATH Nove	Day Year mber 10,19 66
S.	Male	6. COLDR DR RACE White	7. MARRIED	NEVER MARRIED DIVDRCED	B. DATE OF BIRTH Dec. 25,18	386 79 yrs. Ma	UNDER 1 YEAR IF UNDER 24 HRS. nths Doys Hours Min.
100 duzi	USUAL OCCUPATION	l (Give kind af wark dane life, even if refired) ANINET		nd of business or Dustry Hanson Co	, ,	Stote, or foreign country) ore, Maryland	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME	
	John	Coyle Gis	sriel		Martha	Cushrein	
1S. (Ye	WAS DECEASED EVE s, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dates o	f service)	50CIAL SECURITY NO. 17. 17-03-5615 E	Bernard E.	Gisriel San	me
	18. CAUSE OF DI PART I. DEA	ATH (Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE	0.1	(a), (b), and (c).)	reluse		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony rise to immediat stating the unde last.	e cause (o),	(b) June	roadules, tenslette	C & D	= Bendezer	Lieden.
ATION	PART II. OTHER SI	40	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Part I ar Part II af item 1B.)	

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

20d. INJURY OCCURRED While Nat While

20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)

(City or town)

(County) (Stote)

TIME OF INJURY Month, Day, Year Haur a.m. 21. I certify that (1) (this hospital)

saw the deceased alive an

at wark attended the deceased fram

fram______, 1945., ta___//- / 3___, 19 (i) (we) last and that death accurred at 6.404M, fram causes and an the date stated abave. 19 (cf., that (i) (we) last 22b. DATE SIGNED

22a. SIGNATURE

ATTENDING PHYS. 22d. ADDRESS

STAFF PHYS. DIRECTOR

Falls Road

66

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE THEREOF

Lawrence

11-12-66

Shimanek 23c. NAME OF CEMETERY OR CREMATORY New Cathedral

M.D.

23d. LOCATION (City or Town)

Baltimore,

(County) (State) Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia directar, page 3 shauld be detached far use as the burial-transit permit. Then plea should be filed with the State Dept. af Health priar to burial, crematian, or remaval, at

MEDICAL

23a.

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

remove carban papers. Pages 1 and 2 many event, within 72 haurs after death.

distraction !

physician and campletely filled in by the funeral en please remove carban papers. Pages I and

ADDRESS funeral director tchell--Wiedefeld Home, Inc.

REC'D BY REGISTRAR 2Sb. 1956

REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15245		CERTIFICATI	E OF DEATH	/2/66 Mn	15243
PLACE OF DEATH o. COUNTY	BALTIMORE	MARYLAND	o. STATE MARY		-
	(If outside corporate limits, nd give nearest town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If or BALTTMORE	utside corporote limits, write RURAL o	nd give neorest town)
	ITAL OR INSTITUTION (If not in hospital		d. STREET ADDRESS		e. IS RESIDENCE
	ADMINISTRATION		4000 PARK	HEIGHTS AVENUE	ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First BERNARD	Middle	lost GITTINGS	4. DATE Month OF DEATH NOVEMBER	
S. SEX MALE	6. COLOR OR RACE 7. MARRIED NEGRO WIDOWEI		8. DATE OF BIRTH 12 30 10		UNDER I YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION during most of working MATN'TENAN	a life, even if retired)	KIND OF BUSINESS OR INDUSTRY		& Stote, or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
WILLIAM	IJ. GITTINGS	6. SOCIAL SECURITY NO. 17.	Un	known	
Conditions, if on rise to immedic stoting the und	BX DUE TO DIS	ertensive and Bease		ROTIC CARDIOVASCU	19. WAS AUTOPSY
NOTA III O III III	DIABETES MELLIT		THE TERMINAL DISEASE CO	NUMBER OF THE PART ((0)	YES NO
OR CONTRIBUTIN	/AS UNDERLYING ☐ 20b. IG ☐ CAUSE OF DEATH IY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF IN Hour o		ile Not While for	ACE OF INJURY (Home, formations), street, office bldg., etc.)	(County) (Stote)
21. I cert	tify that (*) (this haspital) atte deceased alive an NOV.	ended the deceased fram_ 281966_, and the	oct. 15		an the date stated above
22o. SIGNATUR	Denne F	Genser & M	.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 11/29/66
22c. PHYSICIAN NAME (Typ		ALT, JR., M. D.	22d. ADDRESS VET. ADM	. HOSP., FT. HOW	ARD, MARYLAND
230. BURIAL, CREMAT REMOVAL (Specif		- 23c. NAME OF CEMETERY OR BATTTMORE N		23d. LOCATION (City or Town) BALTIMORE	(County) (State)

REGISTRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permic. Then please remave carban papers. Pages I and should be filed with the State Dept. of Health prior to burial, crematian, or emoval, and in any event, within 72 haurs after dect. Page 4 may be retained by the haspital ar attending physician.

24. FUNERAL DIRECTOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, E	BALTIMORE 1. MARYLAND
15246	CERTIFICATE OF DEATH	15244

1.	PLACE OF DEATH					2. USUAL RESIDENCE a. STATE		lived, If institution b. COUNTY	n: Residence	before admission)
-		Itimore N (if outside corporat	e limits	MARYLA 1 c. LENGTH OF STAY		c. CITY OR TOWN (If o	land	Ilmite write RIII	RAI and give	nearest town)
		N (if outside corporat and give nearest tow	n)	C. LENGIII OI SIAI I	12	c. citi ok toma (ii c	atside corporate	minus, minu no	INTERNITO BIE	(/
	Ow	ings Mills		4 months	3		imore		0	0 . 4
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (If not In	hospital, give street add	dress)	d. STREET ADDRESS			θ.	IS RESIDENCE ON A FARM?
	Ro	sewood Stat	e Hos	pital		2403	Barclav	Street	YI	s No 🔽
3.	NAME OF		st	Middle		Last	4. DATE	Month	Day	Year
	(Type or print)	Edna	1			GLASCO	OF DEATH	11	6	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	8.	DATE OF BIRTH	9. AGE	(In years IF UNI	DER 1 YEAR I	
	Female	Negro	WIDOWE			6-4-53	last 1	birthday) Month	ns Days	Hours Min.
108	. USUAL OCCUPAT	ION (Give kind of work of life, even if retired	one 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Cou	inty & State, or for	eign country) 12	COUNTRY?	F WHAT
uuı	Dependen		"	none		Baltimor	e City,	Md.	COUNTRIL	U.S.A.
13.	FATHER'S NAM					14. MOTHER'S MAIDE				
	Randolph	Glasco, Si				Shirley E	Brown (De	ceased)		
15	. WAS DECEASED I	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO.	17. 1	NFORMANT		Address		
(16	no, or unkown)	(If yes give war or dates o	service)	none	Ro	sewood Reco	rds, Owi	ngs Mill	s, Mar	yland
	18. CAUSE OF	DEATH [Enter only one	cause per	line for (a), (b), and (c).	1 /	1	1 10-1		INTER	VAL BETWEEN T AND DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (D)	Pulmor	79/6	2. hebir	t thill	ire	ONSE	I AND DEATH
	2021	DUE		, ,	1	11 1	1 2			
	Conditions, If		K	oticuloen	100	The 110516				
١	gave rise to	Immediate	(b)	70 10 0 11 0 0 11						
	cause (a), st									
Z			(c)	BUTING TO DEATH BUT NO	TOFIAT	ED TO THE TERMINAL DI	SEASE CONDITIO	N CIVEN IN PART 1	(a) 19.	WAS AUTOPSY
CERTIFICATION	TAKTII. OTILK S	INGINI IOMINI CONDITIC	NO CONTRIL	SOTTING TO DEXTIL BUT NO	ZI KELAT	ED TO THE TERMINAL DI	SEASE CONDITION	I GIVEN IN FART	.,	PERFORMED?
ERTIF	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATHER MEDICAL EXAMIN	20b.	DESCRIBE HOW INJURY	Y OCCUR	RED. (Enter nature of	Injury In Part I o	r Part II of Item	18.)	
							1 604 4011		(0	(04-4-)
EDICAL	Hour a.n		While	Not While	factory	OF INJURY (Home, far , street, office bldg., etc	m, 20f. (City (or town)	(County)	(State)
Σ	p.r		at wo			C 02 10	"	22 / 2/	0 ((1)	4 (I) (va) last
			ital) atten	ded the deceased fro			66, to			
		ceased alive on /	11-6	1966, an	d that	death occurred at4;	15 Mairem, th	e causes and o	n the date Date sign	stated above.
	22a. SIGNATUR	1 / WAY 97	mot			ATTENDING M	ED. S			
		NAMI	1	7	M.D.	PHYSD	IRECTOR P	IAFF IYS. D	11-10	-00
Œ	22c. PHYSICIA NAME (T)	(pe)	1			22d. ADDRESS				92 1/2
		Zsolt Ko	ppany.	i, M.D.		Rosewood				Ils,Md.
23a	BURIAL, CREM		HEREOF	23c. NAME OF CEN	METERY (N (City, town or		(State)
	Burial	11/10/	66	Rosewoo	d Ce	metery	Owi:	ngs Mill	s, Md.	
24	. FUNERAL DIRE			ADDRESS				25b. REGISTE	RAR'S SIGNA	TURE
	J. F. El	ine & Sons	Rei	sterstown,	Md.	DATE NO	DV 14 19	66 gcu	arles	Judges
									U	V.

VR AI5 (4) 20M 1/65

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One soul await pagetina			(J. S. Barri
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VR A15 (4) 15M 7/61

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLANS
15247	CERTIFICATE OF DEATH	1524

10493 Than 7 P4	1m G-394 10/30	160 22		10440
1. PLACE OF DEATH a COUNTY Baltimore	1 Jy4 10/ JU	a. STATE	CE (Where decessed lived, It	Institution: Rasidenca before edmission
	MARYLAND	Maryland		Ltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	/		le RURAL end giva naarest town)
Timonium Md.		Tamoni	um, Md.	03 /
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
2413 York Road.		2413 You	rk Rd.	YES NO
3. NAME OF DECEASED (Type or print) Elizabeth & &	Middle ŠKÁ Goszka	Last	4. DATE Mon	
5. SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH	9. AGE (In year	
Female White widow	//	ov. 11-189	95. last birthday) 71 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if ratired) HOUSEWITE.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	nty & Stata, or foraign country	U.S.A.
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN		1 0 6 5 6 11 6
acob Klebows ki		Katherin	ne Klebowski	
	, SOCIAL SECURITY NO. 17. IN	FORMANT	Addres	
(Yas, no, or unkown) (Ifyasgivewerordatasofservice)		ona Blumer		
18. CAUSE OF DEATH [Enter only one cause par	lina for (a), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	CINDMA OF ASO	ENDING CO	LON	4 Mes.
153 h DUE TO				
Conditions, if any, which (b)				
gava rise to immadiata cause			***************************************	
(a), stating the underlying DUE TO				
(0)	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(e) 19. WAS AUTOPSY
0				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Part Los Part II of item 18 \	AEZ NO N
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJOK! OCCURED.	(Liner haldra of injury in	ran 1 or ran ii or nem to.,	
20c. TIME OF INJURY Month, Day, Year Whi		E OF INJURY (Homa, farm		(County) (Stata)
Hour a.m. Whi	The state of the s	ry, street, offica bldg., atc.	.)	
	— — — — — — — — — — — — — — — — — — —	9/12	11 . 11/24	deter in a
saw the deceased alive on	. 11		M, from the causes	and on the date stated above
Wellenn rush	M.E	DINIC C	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Typa)	BURY	22d. ADDRESS	um md	110000
238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BUTIAL NOV. 28-66.	23c. NAME OF CEMETERY O Meadowridge		23d. LOCATION (City, No. Baltimo	own or county) (Stata)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. RI	GISTRAR'S SIGNATURE
estrudice leggy 5646	Carville Ave.	DATE	NOV 29 1966	Miarles Judge

		STATES TO AN INCIDENTAL PROPERTY.		
1521			- 12561	
		1, 1, 1, 2, 1	of Set Cons	4
		AREAD AREN AREARS		
	Trust surface -			
			Court Court	
		-12-13-7	10 Sec. 200	1 2 2 2
		Expenses harastyps		En Hill
	Gen II you III	ALL PER SESS MAN		

THE SECRETARY OF PARTY

1

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15246

	10650	OATE OF DEATH	
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission
	Baltimare MARYL	and Maxyland b. County	1 homore
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY		and give nearest town
	write RURAL and give nearest town)	0	1121
	d NAME OF HOODITAL OR INSTITUTION OF THE PROPERTY OF	Daltimore	l e. IS RESIDENCE
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ac		DN A FARM?
7	realer Balto Med. Centre	er 8819 HagsTone Drive	YES NO
3.	NAME OF FIRST MIddle	Last 4. DATE Month	Day Year
	(Type or print) (LyThink	DEATH 11-27- 0	6 19
	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER	
	M WIDOWED DIVORCED		Days Hours Min.
Da	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 0 1.3.	ITIZEN OF WHAT
lut	ing most of working life, even if retired) INDUSTRY	Q	DUNTRY?
12	FATHER'S NAME	Daltimore	
1	TATILET S TANKE	14. MOTHER'S MAIDEN NAME	
	Lawrence Jourd	Mary Dorsey	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. s, no, or unknown) (If yes give war or dates of service)	17. INFORMANT Address	
,,,	No 216-09-9076	Patienté Chart.	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	+ 0;	ONSET AND DEATH
	THINE STATE ON OUT (U)	relog failure	
	163X DUE TO		
	gave rise to Immediate (b) Metastatic	lehens	
	cause (a), stating the DUE TO Corcuione	of the land	
-	anderlying cause last. (C)	F	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 2Db. DESCRIBE HOW INJUR OR CONTRIBUTING ☐ CAUSE OF DEATH	RY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18	.)
CER	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2	De. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.m. While - Not While -	factory, street, office bldg., etc.)	
M	p.m. 19 at work 1		
	21. I certify that (I) (this hospital) attended the deceased fr	om November, 2, 1966, to November 21, 196	6, that (1) (we) las
	saw the deceased alive on November 27 19 66, at		
	22a. SIGNATURE	ATTENDANCE TO THE PARTY OF THE	ATE SIGNED
	Quarlolas	M.D. PHYS. MED. STAFF PHYS. MICH.	27-66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	NAME (Type) Dora C. Kuwilsky	Greater Baltimore Medical Co	enter'
23a		METERY OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
p.	REMOVAL (Specify) 11/29/66 Druid Rid	Rollimone Md	
	FUNERAL DIRECTOR ADDRESS	ge Baltimore Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
		(VAI	les Judge
	Loring Byers-8728 Liberty Rd. Randal	Istown, Md DATENOV 30 1966 /Curan	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

11/29/66 Druid Hidge

A THE COURSE OF THE PARTY OF TH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	-	Division of STATIS	TICAL RESEA	RCH AND RECORDS, 30	1 W. PRESTON STR	EET, BALTIMORE, MARYLANI	D 21201
	15249			CERTIFICATE	OF DEATH		5247
1.	PLACE OF DEATH a. COUNTY	BALTIMORE		MARYLAND		Where deceased lived, if institution: FYLAND b. COUNTY	Residence before odmission) BALTIMORE
		f autside carparate limit give nearest tawn) ARBUTUS	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at ARBUTUS	utside corparate limits, write RURAL a	03.1
		AL OR INSTITUTION (If n			d. STREET ADDRESS 2017 SULI	PHUR SPRING ROAD	e. IS RESIDENCE ON A FARM? YES NO 3
3.	NAME OF DECEASED (Type or print)	F	irst HN	Middle	Last RABOWSKI	4. DATE Month OF DEATH NOV.	Doy Year 7, 166
	SEX IALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 7-23-1889		UNDER I YEAR IF UNDER 24 HRS. onths Doys Haurs Min.
100	. USUAL OCCUPATION	(Give kind af wark dane	IND	D OF BUSINESS OR USTRY TIMORE CO.	DELAWAR		12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S NAME	JUI	IAN GRA	BOWSKI	14. MOTHER'S MAIDEN	ANNA	
1S (Y	. WAS DECEASED EVE es, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)		INFORMANT S. MARY A.	Address GRABOWSKI, 2017	Rd. Sulphur Spring
	1B. CAUSE OF DI PART I. DEAT + 2 2 Conditions, if any rise to immediat stating the under last.	, which gave e cause (a),	-ye	a), (b), and (s), (c) ere Frank recalings	Kromp.	C. VD.	INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATI		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I ar Part II af item 18.)	
MEDICAL	20c. TIME OF INJU Haur a.r p.r		20d. IN While at wark	Nat While fac	CE OF INJURY (Home, fari tary, street, affice bldg., etc		(County) (State)
	saw) the d	fy that (I) (this ha eceased alive an_		ed the deceased fram_ 19 <u>66</u> , and tho		19 66, ta 1/17 t 1 2 M, fram causes and	an the date stated abave 22b. DATE SIGNED
	22c PHYSICIAN'S	u 6/	VEA.		D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	11/8/66
	NAME (Type		N C. HEA			1311 FRANCIS AV	
	 BURIAL, CREMATIC REMOVAL (Specify Burial 			23c. NAME OF CEMETERY OR Hely Rosary		23d. LOCATION (City or Town) Baltimore,	(County) (Stote) Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

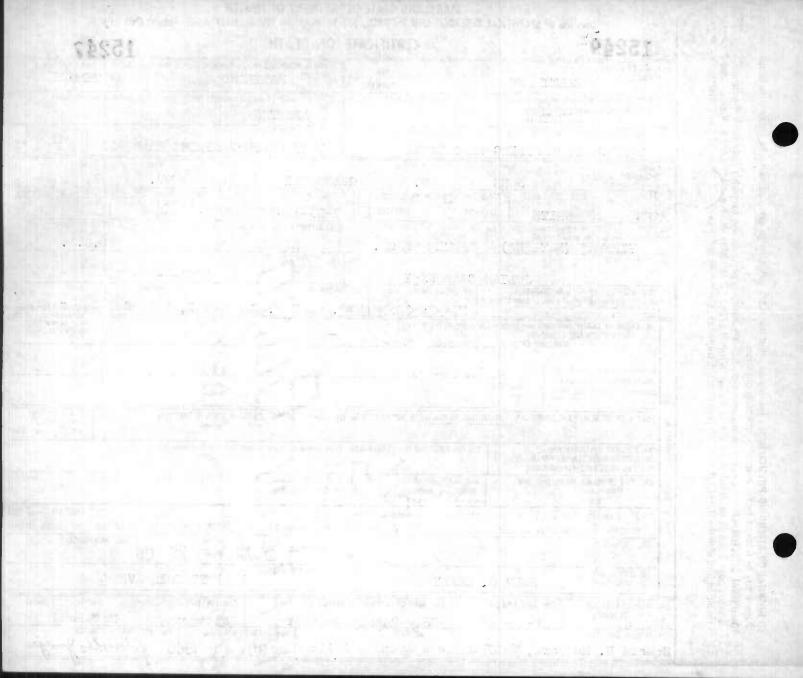
Hely Rosary Cemetery
ADDRESS 25a 11-10- 66

Howard H. Hubbard, 4107 Wilkens Avenue, 21229

Baltimore 2Sa.

Maryland 25b. REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR 1966



	- 1	MAKILAN	ID STAT	C DEPAK	LIMICHI	OL UEATIL		
DIVISION OF	VITAL	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
Ite	em 8	Film	G383	12/	2/66	mh		

	15250			CERTI	FICALE	OF DEATH				524	8
0 ((CE OF DEATH DUNTY DLtimore			MA	RYLAND	2. USUAL RESIDENCE (o. STATE Md.	Where deceosed	lived, if institut b. COU		before odmis	ssion)
b. Cl	TY OR TOWN (If o rite RURAL ond gi	utside corporote fimit	5,	c. LENGTH OF STAY	/ 1N 1b	c. CITY OR TOWN (If o	utside corporote	limits, write RUF	RAL ond give n	eorest town)	
Ce	atonsvil	Le				Baltimore	3		30	- et	
d. NA	AME OF HOSPITAL	OR INSTITUTION (If no	ot in hospitol, gi	ive street oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
Shar	ngri-La	Nursing H	ome			4629 Edmor	ndson A	ve.			NO 🔲
3. NAM		Fi	irst	Middle		Lost	4. DATE	Mont	th	Doy	Year
(Түре	e or print)	Hilda	C.	Grahan	n		OF DEATH	Nov.	2	25 1	9 66
S. SEX	6	COLOR OR RACE	7. MARRIED [NEVER MARRI	ED 🔲	8. DATE DF BIRTH		AGE (In years	Months D	EAR IF UND	DER 24 HRS.
F	Sec. 2	Wh	WIDOWED [DIVORC	ED 🔲	Oct. 28/83	1884	birthdoy)	Monnis	ιουί	s Min.
10o. USU during m	JAL OCCUPATION (G nost of working life OUS ewile	ve kind of work done even if retired)		D DF BUSINESS DR BUSTRY	2	11. BIRTHPLACE (County Marylance		gn country)	12. CITIZ	EN DE WHAT	
13. FAT	HER'S NAME	arles Van	1411			14. MDTHER'S MAIDEN	NAME - Sar	ah A.			
1S. WA (Yes, no	S DECEASED EVER IN o, or unknown) (If	U.S. ARMED FORCES? yes give wor or dotes o	of service) 16. So	OCIAL SECURITY NO.	17.	nformant Mrs. Regina 203 Rockgle	Melder	Addre	ess		
Con	PART 1. DEATH 1 334 X Inditions, if ony, where to immediate co ting the underlyi	ouse (o),	(0) ARA 10 (b) Deh	yoraty	an ar	teriscler	returnation ous			INTERVAL E ONSET AND	D DEATH
PAI	RT II. OTHER SIGNI	FICANT CONDITIONS C	Enace	- 01	ELATED TO	the terminal disease co	NDITION GIVEN	IN PART 1(o)		19. WAS AI PERFOI YES	UTOPSY RMED? NO 🔼
OR (IF	O. ACCIDENT WAS UN CONTRIBUTING [2] EITHER, NOTIFY MEI	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port 1 or Port I	l of item 18.)			
MEDICAL 200	t. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Yeor	20d. INJ While of work	Not While of work		CE OF INJURY (Home, fore lory, street, office bldg., etc.		(City or town)	(Count	Υ)	(Stote)
	21. I certify saw the dece	thot (I) (this has ased alive an_a	pital) attende	ed the deceased	d fram_ ond tho	t deoth occurred of		Most 2 from causes			
_/	o. SIGNATURE	my 1	Bry	son	M.I		MED. DIRECTOR [STAFF PHYS.	22b. DATE 25	SIGNED	166
22	NAME (Type)	Willia	mJ. Br	yson		22d. ADDRESS E	dmondso	n Ave.			
	JRIAL, CREMATION,	23b. DATE TH		23c. NAME OF CEI		crematory ral Cem.	23d. LOCA Ba	TION (City or To L timore	, Md.	ounty)	(Stote)
- 24. FU	INERAL DIRECTOR			ADDRESS		2So. REC	D BY REGISTRAF		GISTRAR'S SIGI	_	4 4 7
Wit.	zke F. I	-4101	Edmonds	son Ave.		DAR OI	1 0 0 40	occ m	lemela	Queda	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, cremation, ar remawal, and in any event, within 72 haurs after depth

4 4				1525
	.77			
	orbet let		617	Lyuday
	Was to support the Park		arr yel-me	u-browns
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	18,81 .75		the state of	
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	ers This at Long St.			
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	media a an list. Ye de			
	A 605 Part Land May	504		
	croil Cam. Desileon	odzin wani	64	
		, was speak	D101 Same	S offerie

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medicol Exominer's Office along with farm PM3. Page

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health or its designated agent, priar to burial, cremation, or removal,

VR A15ME (5) 6M 1/66

This certificate should be executed within 24 hours after death. If

TO DEPUTY MESTAL EXAMINER:

deloy is

Capes land 2 with the State Deportment of a star any event within 72 hours after death.

	15251		٨	NEDICA	L EXAMI	NER'S	CERTIFICATE C	F DEAT	Н	15	249	
	PLACE OF DEATH						2. USUAL RESIDENCE (Where deceose			before admi:	ssian) /
	o. COUNTY	altimore			МΔ	RYLAND	o. STATE Maryl.	and	b. COUN	Bt Bt	alto.	V
	b. CITY OR TOWN (If outside corporate limits	,	c. 1	ENGTH OF STAY		c. CITY OR TOWN (If gr		e limits, write RUR			
	write RURAL and	give negrest tawn)	ura	15			Balti			3	11	
H		AL OR INSTITUTION (If no			treet address)		d. STREET ADDRESS	mor e			T e IS RE	SIDENCE
		E. of Jones			neer address)			isauith	n Street		ON A	FARM?
3	NAME OF	Fir	st		Middle		Lost	4. DATE	Manth		Day	Year
	DECEASED (Type or print)	JOH			HENRY		GRAHAM	OF DEATH	Novembe		,	9 66
S.	SEX	6. COLOR OR RACE	7. MAI	RIED	NEVER MARRI	IED X	8. DATE OF BIRTH		AGE (In yeors	IF UNDER 1 YE		DER 24 HRS.
M	ſale	Negro	WIDO	OWED	DIVORC		12 April 1	1945	last birthday) 21 yrs.	Months De	ays Hour	s Min.
100	. USUAL OCCUPATION	(Give kind of wark dane		Ob. KIND O	F BUSINESS OR		11. BIRTHPLACE (State	or foreign cou	intry)	12. CITIZE	N OF WHAT	
dur	ing most of working Janito	life, even if refired)		Jan	toria	1	Marylan	nd		COUN	S.A.	
	FATHER'S NAME						14. MOTHER'S MAIDEN					
		Harry Gral	nam				Ann	ie Scr	nggs			
15		R IN U.S. ARMED FORCES?		16. SOCIA	L SECURITY NO.	17. 1	NFORMANT	20 20-	Addres	is		
(Y	es, no, or unknawn) No	(If yes give war ar dates o	service	213.	-46-04	18	Harry Gral	nam,	Perrym	an. Me	d.	
		EATH (Enter only one cou	se per li							T	INTERVAL E	BETWEEN
		TH WAS CAUSED BY:	E-1	4 8. 4		ocere	bral Injury				ONSET AND	
	8161	IMMEDIATE CAUSE	(0)									
	Conditions, if any,	which make a										
	rise to immediat	e cause (a),	(b)									
	stoting the under	rlying couse	(c)									
	PART II. OTHER SI			TING TO DE	ATH BUT NOT R	FLATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN	I IN PART 1(a)		19. WAS AL	UTOPSY
CERTIFICATION		ethylism	MIKIDO	TING TO DE	AIII DOI NOI K	EDATED TO	TERMINAL DISEASE CO	NDITION OTTEN	TIN TAKT I(U)		PERFOR	NO T
FEC	20a. EXTERNAL CA	USE WAS	2	Ob. DESCRIB	E HOW INJURY	OCCURRED.	(Enter nature of injury in	Part Lar Part	II of item 18.)		120 []	
CERT	PRIMARY Tor CO CAUSE OF DEATH.	NTRIBUTING 🗆					ruck collis					
MEDICAL		IRY Month Day Year	-		OCCURRED 🔿		CE OF INJURY (Hame, farn		(City or town)	(County	()	(State)
MED	Haur Xi. r p.r	JRY Manth, Day, Year X 11/18 196	6	While at work	Nat While X	£	ory, Set office bldg., etc.)′	(- /	Balti	,	Md.
	21. I certif	y that I took chorge	of th	e remoins	described o	obove, he	Id an Autopsy X,	Inspectio	n , Inqui	ry 🔲,	ond in m	y opinion
	deoth result	ted from: Noturo	cous	28	Accident X	Suic	ide , Homicide	□ Un	determined mo	nner		
		~ 1		1			CHIEF MEDICAL					
	ACTUAL SIGNATURE	(Laules	SF	ally			M.D. ASSISTANT MED		X		22. DA	TE SIGNED
	EXAMINER'S NAME (Type)	Charles S	. P	etty			DEPUTY MEDICA Address (Street		r county)		11/19	/66
230	BURIAL, CREMATIC	ON, 23b. DATE THE	REOF	23	c. NAME OF CE	METERY OR	CREMATORY	23d. LOC	ATION (City or Taw	n) (Co	unty)	(State)
	REMOVAL (Specify Burial	11-22	-66	M	t. Cal	varv	Cemetery	Abe:	rdeen,	Mary	land	
24	I. FUNERAL DIRECTO		rri		unera]		25q REC'I	D BY REGISTRA	R 2Sb. REG	ISTRAR'S SIGN	ATURE	
4	Toku y.	Torenin		TIR L			. Md. DATE	2 1 19	66 you	mes &	uder	

The state of the s

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove corbon popers. Pages 1 and 2 should be filed with the State Dept. of Heolth prior to buriol, cremotion, or removal, god in any event, within 72 hours after beoin:

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 may be retoined by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL	RESEARCH AND RECORDS, 301 CERTIFICATE		BALLIMORE, MARYLAND	15251
	15252	CLKIIIICAIL			
1.	O. COUNTY BALTIMORC	MARYLAND	o. STATE	e deceased lived, if institution: Resi b. COUNTY	dence before odmission) Bal Timere
	b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If autside	carparate limits, write RURAL and	give nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in has	./	d. STREET ADDRESS	1 / -	e. IS RESIDENCE ON A FARM?
13	Shady NOON NUYSI	4	4 S. Beec		YES NO
3.	NAME OF DECEASED (Type or print) First ELENVOR	T. Middle	ERAY 4.	DATE Manth OF DEATH	12 1966
S.	11/	METER INTRICE	PRIL 11 187	9. AGE (In years IF UNI last birthday) Month	
	a. USUAL OCCUPATION (Give kind af wark dane ring most of working life, even if retired)	10b. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & Sto	ite, ar fareign cauntrγ) 12	COUNTRY?
13.	. FATHER'S NAME	Pope	14. MOTHER'S MAIDEN NAME	CHADWEL	1
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dotes of service	16. SOCIAL SECURITY NO. 17. II	NFORMANT Charles G	oseNThal 4:	S. Beechwood
	18. CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (o), (b), and (c).)	Queumon	in	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave) (b)	Cardio-Va	wear He	ort deseair.	years
	rise to immediate couse (a), stating the underlying cause last.	Hyporteusi	on - ang	nier	years
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part	l or Port II af item IB.)	
MEDICAL	and the state of t	20d. INJURY DCCURRED While Nat While foctors twark at wark	E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
	21. I certify that (I) (this hospital) saw the deceased alive an	attended the deceased fram	death accurred at 111	, ta 11-12-66, M, fram causes and a	
	22a. SIGNATURE Wether he	re fort M.C	ATTENDING MED	STAFF 22b	. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Wether 1	See Fort	6 Dutte	on Ave lat	vnorth 28
1	a. BURIAL, (REMATION, 23b. DATE THEREOF REMOVAL (Specify) Nov. 16, 19	266 23c. NAME OF CEMETERY OR CO	-40	23d. LOCATION (City or Town)	(County) (State)
2.	4. FUNERAL DIRECTOR 2. S. Mae Nable 3	BOI Frederick Rd.	2So. REC'D BY	REGISTRAR 2Sb. REGISTRAR V 16 1966	is signature Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15253	CERTIFICATE	OF DEATH	15252
1. PLACE OF DEATH o. COUNTY BALTPIMORE	MARYLAND	DESUAL RESIDENCE (Where deceosed lived, if institution: Re o. STATE b. COUNTY W.	orcester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL on OCEAN CITY	d give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp VETERANS ADMINISTRATION		d. STREET ADDRESS ROUTE 1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) WILLIAM	Middle J. GR	DEATH	1/
S. SEX 6. COLOR OR RACE 7. MAR MALE WHITE WIDO	WED X DIVORCED :	MAY 17, 1891 lost birthdoy) 75 yrs. Mon	
during most of working life, even if retired) MACH INE ASSEMBLY	DE. KIND OF BUSINESS OR PAPER MACHINERY	HOKENDAQUA, PENNSYLVANIA	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WILLIAM GRAY		14. MOTHER'S MAIDEN NAME MARY ANN WARK	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 21 01 36 95 CL	IN. RECORDS, VA HOSPITAL, FT	HOWARD, MD.
18. CAUSE OF DEATH (Enter only one couse per lin	e for (o), (b), ond (c).) ARDIAC DECOMPENS	ATION	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if ony, which gove) DUE TO	RTERIOSCIEROTIC 1	HEART DISEASE	
rise to immediate couse (o), stating the underlying couse lost.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
DIABETES MEIL		(5)	YES NO K
OR CONTRIBUTING CAUSE OF DEATH	16. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
Hour o.m.		CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	(County) (Stote)
21. I certify that (K(this hospital) of sow the deceased alive on 11/1	ttended the deceased from, ond that	11/17/66 , 19 to 11/17/66, t deoth occurred of 10:15P from couses ond	on the dote stoted obove
220. SIGNATURE Pall		D. PHYS. MED. STAFF STAFF PHYS. STAFF DIRECTOR PHYS. STAFF PHYS. P	2b. DATE SIGNED 11/17/66
PAYSICIAN'S NAME (Type) JOHN D. TALB	ERT, M. D.	VAH FORT HOWARD, MARYI	AND
230. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY OR BALTIMORE N	AMTONAT DATMINODE MI	(County) (Stote)
24. FUNERAL DIRECTOR	oseph N. Zannino	2So. REC'D BY REGISTRAR 2Sb. REGISTRA	les signature Judge
	57 S. Conkling S	t. Baltimore, Md.	0 0

ΤΟ FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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executed within 24 hours after death.

funeral and 2 death.

MEDICAL CERTIFICATION

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MA DIVISION OF STATISTICAL RE	ARYLAND STATE DEL			F 1 MARYLAND
15254	CERTIFICATI		THE THE PARTITION	15253
a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Instit b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	0 1		RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not	In hospital, give street address)	d. STREET ADDRESS	PI	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Middle English	Last 0 4. Greaser	DATE Month OF DEATH	Day Year
5. SEX 6. COLOR OR RACE 7. MARR WIDOW	IED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	& BALTO.	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME TACOB GREA	SER	14. MOTHER'S MAIDEN I	NAME '	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	PATIENT	Address C/A	Rt
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. CAUSE OF DEATH [Enter only one cause p	+RTERIOSCUE	PROTIC CA	ARDIOVASCU	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTE				YES NO
	DESCRIBE HOW INJURY OCCU	RKED. (Enter nature of inju	Jry In Part I or Part II of I	tem 18.)
Hour a.m.	d. INJURY OCCURRED 20e. PLAC factor work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this hospital) atters saw the deceased alive on November 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) EDATHIL K.		ATTENDING MED. PHYS. DIRE	PM, from the causes an	d on the date stated above. DATE SIGNED ONE OF THE REPORT OF THE REPOR
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR AMOUNT AND AMOUNT	23c. NAME OF CEMETERY ADDRESS ADDRESS	2 CEMETERY	23d. LOCATION (City, town	or county) (State) (STRAR'S SIGNATURE (Clearly Juage)

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH.

. (24)		15255	CERTIFICATE O	OF DEATH	15254
funeral ond 2		PLACE OF DEATH O. COUNTY BALTO		USUAL RESIDENCE (Where deceased lived, if institution of STATE b. CC	tution: Residence befare admission) DUNTY BALL TO
haurs after death. n by the funeral s. Pages 1 and 2 haurs after death.		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	(CITY OR TOWN (If autside corparate limits, write I	03-1
be executed within 24 hard and campletely filled in the remave carban papers. In any event, within 72 hard and event.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital SHADY NOOK HOW	E 7	STREET ADDRESS 711 EASTSHIRE D.	PRIVE e. IS RESIDENCE ON A FARM? YES NO
uted within 24 impletely filled in ve carban paper event, within 72		NAME OF DECEASED (Type or print) EDGAR C.	GRETSK	OF DEATH NO	onth Day Year V 22 1966
e execute and camp remave any eve	S.	SEX 6. COLOR OR RACE 7. MARRIE WIDOWE		ATE OF BIRTH 1 9. AGE (In years last birthday)	Manths Days Hours Min.
icate be e rsician an please re il, and in c	10d dur	D. USUAL OCCUPATION (Give kind of work dane ing most of warking life, even if retired)	KIND OF BUSINESS OR III	I. BIRTHPLACE (County & State, ar fareign country) POLAND	12. CITIZEN OF WHAT COUNTRY?
ertificate by physician (hen please naval, and i	13.	FATHER'S NAME TAN GRECKI	14.	MOTHER'S MAIDEN NAME NIELA WASOW	1162
attending permit. T	15 (Y.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dotes of service)	6. SOCIAL SECURITY NO. 17. INFO	RMANT AD	ldress
that then. by the ansit remat		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).)	ung	INTERVAL BETWEEN ONSET AND DEATH
equires physici signed burial-l burial,		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b)			
IAN: The law rall are attending ficate has been far use as the Health priar ta	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
日も借工生	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Ente	r noture of injury in Part I ar Part II af item 18.)	
a	MEDICAL	Hour o.m. Whom p.m. 19 of w	ile Nat While factory, s	FINJURY (Home, form, treet, affice bldg., etc.)	
		21. I certify that (I) (this hospital) att	ended the deceased from <u>Ju</u> 21 19 <i>66</i> , and that de	ath occurred of 3 10 A. M, fram cause	
OR ATTENIOR DE retained DIRECTOR: /		220. SIGNATURE	M.D.	ATTENDING MED. STAFF PHYS. PHYS.	22b. DATE SIGNED // -12-66
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld shauld be filed with the		22c. PHYSICIAN'S NAME (Type) John A. Nesbi		22d. ADDRESS 1009 Frederick Road	
Page 4 n TO FUNER director, shauld b	3	D. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/25/66	23c. NAME OF CEMETERY OR CREM LORRAINE	BALTU. C	o Md
VR A15 (4) 20 M 1/66	12	. S. MACNABIS 301	FREDERICK R.	250. REC'D BY REGISTRAR 25b. DATE NOV 2.8 1966	registrar's signature

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any yeart, within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

-	10000	B. J. C. 282	774/66		10400
1.	PLACE OF DEATH	TIIN U/UL II	2. USUAL RESIDENCE	(Where deceased lived, If instituti	on: Residence before admission)
1	a. COUNTY BALTIMOR	- Stromba	a. STATE	b. COUNTY	
-		111711111111111111111111111111111111111	MARYLA	outside corporate limits, write R	TIME TE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IT O	utside corporate limits, write k	OWAT and Rise neglest fown)
	BALTIMORE	8 DAYS	ISALTIN	TORE	03.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADORESS		e. IS RESIDENCE
	Garage Ramina	m	7610 0	accondite D	ON A FARM?
	CALEATER DALIMORE	MEDICAL CENTER	18/000	EKBROOK, NU	XLON YES NO X
3.	NAME OF First	Middle	Last	4. DATE Month	Day Year
	(Type or print) — EFFERSO	M CLEVELAND	GRINHALDS	DEATH //	6 1966
5.			8. DATE OF BIRTH	9. AGE (in years iF U	NDER 1 YEAR IF UNDER 24 HRS
	m III		5-4-84	last birthday) Mon	
-10	WIDOWED			8 Z yrs.	
du		(IND OF BUSINESS OR /	11. BIRTHPLACE (Cou	inty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
10	17 Y EMPLOYEE	Retiped	PARKSL	EN VIRGINIA	U.S.A -
13	. FATHER'S NAME	MERIACU	1 14. MOTHER'S MAIDE		
-	Terres Janua FAL	11111	Time	an Klant	5. /
~	EL-LEURON MADIZ AICH	MALDS	IWYFO		9 VARAL
l di		SOCIAL SECURITY NO. 17.	INFORMANT	Address	0-
1,,	No 21	6-32-8469 CA	THERINE GR	IHNALDS.	SAME.
=	18. CAUSE OF DEATH [Enter only one cause per		311,011		I INTERVAL BETWEEN
		· 10-1-			ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 11167 1451	ASIS		1 YEAR
	177X DUE TO				
	Conditions if any which	A PROITA	4T5		13 1705
	gave rise to Immediate		/ / ean		
	cause (a), stating the DUE TO				
	underlying cause last. (c)				
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
S	C. V.	A			YES NO
띨	_	* *	IRRED. (Enter nature of	injury in Part I or Part II of ite	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. (IF EITHER, NOTIFY MEDICAL EXAMINER)		Simple (Pure) intrain of t	many and are to the first to the	,
EDICAL		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far ory, street, office bidg., etc	m, 20f. (City or town)	(County) (State)
8	Hour a.m. While	MOT WITTE	ny, street, onice bigg., ett)	
Σ	p.m. 19 at wor		10 31	10.11.15	
	21. I certify that (I) (this hospital) attend	led the deceased from	10-31,19	66 to 11-6-	19 <i>66</i> , that (I) (we) last
	saw the deceased alive on 11- 6	- 19 6 and that	t death occurred at 32	M, from the causes and	
	22a. SIGNATURE				b. DATE SIGNED
	OMEGUOLE	M.D	D. PHYS. D	IRECTOR TO STAFF PHYS.	-6-66
	22c, PHYSICIAN'S	WILD	1 22d. ADDRESS	INCOION ES, PHIS.	
	NAME (Type)	NEGRETE	Dang F	ALLSTAFF RO	7
-	1 331446		707		•
23	A. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town	or county) (State)
	Burial 11/9/66	Lorraine F	Park	Balto.	Md.
2	FUNERAL DIRECTOR	ADDRESS	25a. REC'		TRAR'S SIGNATURE
	YH VIPLANCE	11/22/11/	Lot NI	OV 9 1966 /C	harles judges
1	Than TY-remund	1400 high	.) L . DATE	0 4 9 1900	00

A.15 5 (4) 1/65

A Transfer

FOR STATE HEALTH director. Page or your files.

execute the certificat EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fundational behavior of the Asia of Examiner's Office along with form PM3. Page 5 may be referent to FUNERAL DIA CIOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Storem of its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAM	MINER'S CER	TIFICATE O	F DEATH		15
				Reg. Dist. No.	15

3		13257	Reg. Dist. No.
•)		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		BALTIMORE MARYLAND	a. STATE MARYLAND b. COUNTY BALTIMERE
	b	CITY OR TOWN (If outside corporate limits, write RURAL and give necresi town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		RURAL-Rosedake 64eans	Runal - RosedALe 13.1
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
9		1902 hongviey Ave	1902 LONgviey Ave YES NO DE
2		NAME OF First Middle	OF Month Day Year
9		Type or print) TRANK Joseph	GROHJR DEATH MOU. 30 1966
	5. 5	111127	DATE OF BIRTA 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HES. Months Days Hours Min.
	N	TALE While WIDOWED DIVORCED	3-14-12 34 715
3	d	using most of working life even if relired) Was land Coccupation (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRIBLE OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		FRANK J. G. KOH	Mary H.
	15. (Yes,	no, or unknown) [If yes, give war or dates of service)	FORMANT Address
			RACE GROH 1902 hongview Hore
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o) A-S-C-V-D	IS PAS-E
		422, DUE TO	
		Conditions, if any, which (b)	
		(a), stoting the underlying DUE TO	
	7		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CERTIFICATION	2	PERFORMED? YES \(\) NO. \(\)
	TIFIC	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW IN URY OCCURRED. (E-	nter nature of injury in Part I or Part II of Item 18.)
		PRIMARY or CONTRIBUTING CAUSE OF DEATH.	J
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED 20e-PLAC While Not while at work 10 at work 10 19	E OF INJURY (Home, form, 20f. (City or town) (County) (Stole) ry, street, office bldg., etc.)
2.	4	21. I certify that I taok charge of the remains described above	ve, held an Autopsy , Inspection , Inquiry , and in my
19		opinian death resulted fram: Natural causes [] Accident [
Ó		han A	J, states [], states [], condetermines manner []
2		ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
9		A. 0 -	ASSISTANT MEDICAL EXAMINER
3 9		EXAMINER'S NAME (Type) N. 19 DAVE Md)	DEPUTY MEDICAL EXAMINER DI WHOLE MY VINVY
L	220	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d. LOCATION (City, town, or county) (Stole)
9	-	Surial 12-3-66 Meadow Robe M	morrie am. HowARD Gust, Mc.
B	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
N	1	hlip & Crach 1211 Chosaco 1704.	DATE DEC 5 1866 Williams Vuger
1 0			

SESSIT. CALL TO THE MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15258

CERTIFICATE OF DEATH

15257

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY			
o. COUNTY Baltimore MARYLAND	Maryland Baltimore			
b. CITY OR TOWN (It outside corporate limits,	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)			
write RURAL and give negrest town) Rural Baltimore	Rural Baltimore 03./			
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
7306 Prince George Road	7306 Prince George Rd. YES NO X			
3. NAME OF First Middle	Last 4. DATE Manth Doy Year			
OFCEASED (Type or print) Felix -	Grue DEATH 11 19 19 00			
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths Doys Haurs Min.			
Male White WIDOWED DIVORCED	May 3, 1889 // yrs.			
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR UNDUSTRY	11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT COUNTRY?			
during most of working life, even if retired) Mrg. Clothing NDUSTRY Clothing	Italy U.S.			
TS FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Pasquale Grue	DiGuiseppi (Theresa D.)			
75. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((If yes give wor or dates af service)	7. INFORMANT Address			
No 216-03-7998B	Anna E. Grue 7306 Prince George Rd.			
IB. CAUSE OF DEATH (Enter anly ane couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	Balto., 7 Md. INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Corelal Turan	eboses / well			
4221 DUE TO	itie Centis vascolas Misedise pars			
rise to immediate cause (a)	will Chilly Various Wistans			
stoting the underlying cause DUE 10				
last. (c)	The Was AUTORS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	PERFORMED?			
ZC. C. C				
GR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Port II of item 1B.)			
	PLACE OF INJURY (Hame, farm, 20f. (City or town), (County) (State)			
Hour a.m. p.m. 19 While at wark at wark	factory, street, affice bldg., etc.) Mal leaving Mill'			
21. I certify that (1) (this haspitol) attended the deceased from	19 0 ta 200, 19 66, that (I) (we) la			
sow the deceased alive on Tren (8-19 66, and that death occurred at 3 212 M, from causes and an the do				
220. SIGNATURE Raymond My Cremin glean	M.D. ATTENDING PHYS. DIRECTOR PHYS. 22b. DATE SIGNED // 2.0 - 6 6			
22c. PHYSICIAN'S R. M. CUIXIVINGITOM	323 MEDICAL ARTS BLDG. BALTO, 21201			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town) (County) (State)			
Burial 11/23/66 Holy Red	1120 Palata Pd Palta 26			
Burtal 11/23/66 Holy Red	eemer 4430 Delair Ru. Dalto. 20			
Burial 11/23/66 Holy Red 24. FUNERAL DIRECTOR ADDRESS	Regd DATE NOV 2 2 1956 REGISTRAR'S SIGNATURE Md.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15259 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE delay is and 3 ta Page a, death! MARYLAND Department b. CITY OR TOWN (If outside corparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? farm hours pencil in Item 18. Give Pages 1, 72 hour NO V 24 haurs after death. Office alang with NAME OF First Middle Lost DATE Manth Year DECEASED the within 19 66 (Type or print) DEATH 2 with 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Manths Haurs WIDOWED DIVORCED eyent land 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mass of working life, even if retired) any Examiner's pages be executed within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 9 File pub = WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address the Chief Medical permit. (Yes, na, ar unknawn) (If yes give war ar dates of service remayal 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY UNSET AND DEATH P IMMEDIATE CAUSE (a) This certificate shauld the certificate, writing the ward 4 shauld be farwarded to the Ch crematian, DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO 0 stoting the underlying couse used as burial, c last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? to NO pe 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED Enternature of injury in Port I or Port II of item 18.) prior 3 shauld PRIMARY Or CONTRIBUTING STAL EXAMINER: CAUSE OF DEATH. agent, MEDICAL 20c. TIME OF INJURY Manth. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Haur a.m. While Nat While factory, street, affice blda., etc.) far yaur may be retained far yaur FUNERAL DIRECTOR: Page Page 4 ot work its designated 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection / Inquiry 1 and in my apinian the funeral directar. deoth resulted fram: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be r TO FUNERAL Health ar i MEPUTY MEDICAL EXAMINER 800 MORNINGIE **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 6 NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23c LOCATION (City or Town) (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR 256. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5 6M 1/66 DATE

1. PLA

on and completely filled in by the funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deoth.

Page 4 moy be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours offer death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL F	RESEARCH AND RECORDS, 30	W. PRESTON STREET, BALTIMORE, MARYLAND 21201
5260	CERTIFICATI	E OF DEATH 15259
CE OF DEATH OUNTY Baltimore	MARWANE	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore
TY OR TOWN (If outside carparate limits.	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparote limits, write RURAL and give neorest town)
write RURAL and give nearest town)	20 days	Towson Maryland 13./

o. COUNTI	Baltimore		MARYL	AND	Maryl Maryl	and	B	Baltimore	
b. CITY OR TOWN	(If outside carparate limit nd give nearest town)	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	tside carparote limits, wr	ite RURAL ond give	neorest town)	
Catons	ville		20 days		Towson,	Maryland	0	13./	
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	at in haspital, g	ive street oddress)		d. STREET ADDRESS			e. IS RESIDER	
SPRING	GROVE STA	TE HOS	PITAL		507 West	Chesapeake	Avenue		0
3. NAME OF	Fi	rst	Middle		Last	4. DATE	Manth	Doy Year	
(Type or print)	Doris		Devoi	re H	aller	OF DEATH	November		66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In ye	loy) Months		
female	white	WIDOWED	DIVORCED		pril 28, 1	900 last birtho	Yrs.	Days Hours	Min.
10a. USUAL OCCUPATION during most of working housew	ON (Give kind of work done og lite, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY IN Home		11. BIRTHPLACE (County West V1)	& Stote, or fareign country		IZEN OF WHAT UNTRY?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N				
Zacha	ry				Josephine				
PART I. DE 493 Conditions, if or rise to immedia stating the und lost.	ate cause (a), lerlying cause	(a)	Pneum	Fai		IDITION CHIEN IN DART.		INTERVAL BETWIN ONSET AND DEA	ATH
PART II, OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)							PERFORMED	0 🗶
OR CONTRIBUTION	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
용 Hour d	JURY Manth, Day, Year o.m. 19	20d. II While at war	Nat While		OF INJURY (Home, form y, street, office bldg., etc.)				ote)
21. I cer saw the	tify that (#) (this has deceased alive an_	Nov •	ded the deceased f	ram nd that	Oct. 18 , 1 death accurred at	3:55 M, fram ca	uses and on th	ne date stated	e) las abavi
22o. SIGNATUR	Ricardo	7 la	ney,	M.D.		MED. STAFF	10 11	TE SIGNED	

22d. ADDRESS SPRING

Memoria

23c. NAME OF CEMETERY OR CREMATORY

Valley

STATE

PHYSICIAN'S NAME (Type) RICARDO 1BANET

23b. DATE THEREOF

GROVE Maryland

23d. LOCATION (City or Town)

(Caunty) (Stote) keysvi

21228

230. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR

Dulaney Sons, Towson, Maryland

NOV 2 3 2Sb.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15261 CERTIFICATE OF DEATH 152 15260

	E DF DEATH UNTY							(Where		institution: R	esidence !	before admission)	
		Baltimore		MARY	/LAND	Mary.	land		D. Q.	Baltim	ore		
b. CIT	TY OR TOWN (if rite RURAL and	outside corpora give nearest tov	te limits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If ou	utside c	orporate limits,	write RURAL	and give	nearest town)	
S	uburban	Baltimon	. 6				rban E	Balti	more	0	3.1		
				ospital, give street a	address)	d. STREET A					0.	IS RESIDENCE ON A FARM?	
	4022 Put	ty Hill	Avenue	, -36		4022	Putty	/ Hil	ll Avenu	e, - 36	Y	ES NO E	
3. NAME DECE	E OF ASED or print)	CEI	rst JA F	Middle RAN KETTA	H	Last IAMILTO		4. DATI DF DEA		onth 21, 1	Day 066	Year 19	
5. SEX		OLOR OR RACE	7 MARRIED	NEVER MARRIE	n 🗆 8	DATE OF B	IRTH		AGE (In ves	re LIFTINDED		FUNDER 24 HRS.	
fem		hite	WIDOWED		DOS	ept. 1			76 yrs	y) Months	Days	Hours Min.	
1Da. USUA during mo	LOCCUPATION (ost of working li	Give kInd of work fe, even If retire	done 10b. l	(IND OF BUSINESS OF NOUSTRY	R		nche,		te, or foreign cou	utry) 12. Cl	TIZEN O	FWHAT	
	HER'S NAME					14. MOTHE	-		13	IODA			
	chard Si	lfies					nanda						
		IN U.S. ARMED FO	PRCES? 16.	SOCIAL SECURITY NO	0. 17.	INFORMANT			Add	iress			
(Yes, no, o	or unkown) ((fye	s give war or dates	of service)	3-03-3366			sav H.	Pau			same)		
		H [Enter only on		ine for (a), (b), and (INTER	VAL BETWEEN	
		WAS CAUSED BY MEDIATE CAUSE		15011	10						ONSE	AND DEATH	
11	LC C			7000	1						7		
Cendi	itions, If any,	Which \									1000		
	rise to imm	ediate /	(b)										
	e (a), stating		10										
-	rlying cause las		(c)	ITINO TO DESTU DUE	NOT DEL 43	ED TO THE TE	DATINAL DIO	2510506	MIDITIONIONE	IN DADT 1/a)	110	WAS AUTODOV	
E PART		ter M				ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						19. WAS AUTOPSY PERFORMED?	
FIC.						1				100	YES	NO D	
PART 20a. OR CO (IF E	ACCIDENT WAS ONTRIBUTING [ITHER, NOTIFY	UNDERLYING TO CAUSE OF DEAM MEDICAL EXAMI	TH	DESCRIBE HOW INJU	JRY OCCUP	REQ (Enter	nature of In	n]ury In	Part I or Part	I of Item 18	.)		
ZDc.	TIME OF INJUR	Y Month, Day,	Year 20d.	NJURY OCCURRED	20e. PLAC	E OF INJURY	(Home, farm	n, 20f.	(City or town	(Cou	inty)	(State)	
MEDICAL 2Dc.	Hour a.m.		While		factor	y, street, offic	e bldg., etc.	.)		- Anna Carlot			
	p.m.	19	at wor			101	2	12.	1	1/ 10/	7	1/10/1 1/1-1	
				ed the deceased f								(I) (we) last	
	w the decease	ed alive on	126	19 66 ,	and that	death occur	red at 6	M,	from the caus			stated above.	
22a.	SIGNATURE	Beer 1	1	rech	M.D.	ATTENDING PHYS.	ME DIE	D. RECTOR	STAFF PHYS.	7 ///	ATE SIGI	166	
22c.		-				22d. ADI						1	
1	NAME (Type)	Dr. Geor	rge Bec	k		6	012 Ha	rfor	d Rd.,	Balto.	. Md		
23a. BUR	RIAL, CREMATIO	N, 23b. DATE	THEREOF	23c. NAME OF C	EMETERY				LOCATION (City			(State)	
bin	MOVAL (Specify) rial	11/23	/66.	Loudon	Park !	Cemeter	y	Bal	timore,	Md.			
24. FUN	IERAL DIRECTOR			ADDRESS		12		BY REC	GISTRAR 25b.	REGISTRAR'	S SIGNA	TURE	
Lec	onard J.	Ruck, I	ncBa	ltimore, M	d14		DATE NO	V 2	3 1966	Icha	ela.	Quelas	
								- FW	- 1000	- / -	-		

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE, MARYLAND 21201 301

1		15262	CERTIFICATE	OF DEATH		15261					
1		PLACE OF DEATH				tian: Residence before odmission)					
	(a. COUNTY BAITIMORE	MARYLAND	a. STATE MAR	YLAND 6. COU	BAITIMORE					
	1	b. CITY OR TOWN (If autside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corparate limits, write RU	(RAL and give nearest tawn)					
		write RURAL and give nearest tawn) RURAI - BAIDW	IN 59YRS	RURAL	- BAIDWIN	. md. 13,1.					
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	7,57	e. IS RESIDENCE					
0		BOX 2 BAIDWI		Box 2	BAIDWIN, N	1d. VERNO V					
		NAME OF First	Middle	Lost	4. DATE Man	th Doy Year					
		OECEASED (Type or print) WAITER	Mirchell 1.	AMMETT	DEATH OCTO	NOV. 6 1966					
	S. 5	SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.					
		MAle While will	DOWED DIVORCED	MAY 25,18	376 90 yrs.	monnis Doys nous Min.					
	10o.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	duri	ng mast af working life, even if retired)	INDUSTRY medicine	ST. MAK	RY's Co. Md.	(), S. A.					
		FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME						
		MARTIN L. HA	mmeTT	JANE	Bowen						
		WAS DECEASED EVER IN U.S. ARMED FORCES?	1	FORMANT	Addr	ess					
	(Ye	is, na, or unknown) (If yes give war or dotes of service)	(e) 220-48-2427 Mi	RS. MARY 1-	JAMMETT BO	0x2 BAIDWIN, Md					
		IR CAUSE OF DEATH (Enter gnly one cause per line for (o), (b), and (c),)									
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC CARDIO - ONSET AND DE									
		4221 DUE TO, /	3601130	DICE	215	1 4-1					
		Conditions, if any, which gave	ASCULAR	UISE	4SE	//					
		rise to immediate cause (a), stating the underlying cause DUE TO PADD (1) C EA (1) D =									
		lost. (c)	TRUIT E	MILLUR		1196					
	~	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?									
0	4TIO					YES NO					
	IFIC	20o. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I ar Port II af item 1B.)						
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	MEDICAL CERTIFICATION	20c. TIME OF INJURY Manth, Dov. Year		E OF INJURY (Hame, farm		(County) (Stote)					
	MEC	Hour a.m.	While Nat While of work of work	ory, street, office bldg., etc.)						
		21. I certify that (I) (this bospital)		960	19	, 1966that (I) (we) las					
		saw the deceased alive an 11- 5 1966 and that death accurred at 2306M, fram causes and an the date stated above									
		220 SIGNATURE 22b DATE SIGNED									
	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. 0 1/										
,	~	22c. PHYSICIAN'S	MULLET	22d ADDRESS	-T Da. 00	EX RATTO					
		NAME (Type) S. EDW/	NITOTES	12-02	STICLLE.	2/ 1/0/20 2					
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	REMATORY	23d. LOCATION (City or To	awn) (Caunty) (State)					
	B	REMOVAL (Specify) NOV 8 196	6 DRUID KIPGEL	EMETERY	TIKESVILLE,	, IMARYLAND					
)		FUNERAL DIRECTOR	1050 YADDRESS PARA			EGISTRAR'S SIGNATURE					
1	W	In Cook-Brooks lowson,	TOWSON, MARYLAND	21204 DATE NI	OV 1 0 1986	Charles Judge-					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death/ VR A15 (4) 20 M 1/66

eath 2 hours after death. ding physician and completely filled in by the funeral Abon blease remove carbon papers. Pages 1 apd 2 remove January and in any event, within 72 hours after feath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remo should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any

DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH 15262
PLACE OF DEATH a. COUNTY Balto MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Md. Balto
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Parkville 26 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville 03./
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. street address 2526 Wentworth road o. Is residence on a farm? Yes \(\sum \no \(\sum \)
NAME DF First Middle DECEASED (Type or print) JOHN G HANCOCK	Last 4. DATE Month Day Year DF DEATH November 27 1966
M WIDOWED DIVORCED C	8. DATE OF BIRTH OCT 12 1912 9. AGE (In years list birthday) 19. AGE (In years list birthday) 20. AGE (In years list birthday) 30. AGE (In years list under 24hrs.) 31. AGE (In years list under 24hrs.) 32. AGE (In years list under 24hrs.) 33. AGE (In years list under 24hrs.) 34. AGE (In years list under 24hrs.) 35. AGE (In years list under 24hrs.) 36. AGE (In years list under 24hrs.) 37. AGE (In years list under 24hrs.) 38. AGE (In years list under 24hrs.) 39. AGE (In years list under 24
Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Steel Erector Building	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Penn USa
John S. Hancock	Charlotte Bloom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. Yes, no, or unkown) (If yes give war or dates of service) 577 - 20 - 4616	Family records
18. CAUSE OF DEATH [Enter only one cause per Hill for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Polery Occlusion INTERVAL BETWEEN ONSET AND JEATH,
Conditions, If any, which (b) asteriosclerolic	Cardio Vascular disease Styr.
gave rise to immediate cause (a), stating the	a la diagona.

underlying cause last. WAS AUTOPSY PERFORMED? CERTIFICATION 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES | 20a. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (County) TIME OF INJURY Month, Day, Year 20f. (City or town) Hour a.m. Not While at work at work p.m. (this hospital) attended the deceased £ (1) (we) last M, from the causes and on the and that death occurred at date stated above. deceased alive 22b. DAT SIGNE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 66 M.D. PHYSICIAN'S NAME (Type) 22d. ADDRESS BURIAL, CREMATION, REMOVAL (Specify) (State) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 11-30-66 Baltimore Maryland AR'S SIGNATURE Parkwood Cem REC'D BY REGISTRAR FUNERAL DIRECTOR 24. .F.EVANS SON 8802 Harford road 19\$6 DATE DE C

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Whe lives , facult	ouvalte t 62	President of Union
		8 NO. 2 MAY 2. 3. 5

1	DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH OS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	15264 CERTIFICAT	TE OF DEATH 15263	
1.	PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission as STATE b. COUNTY	on)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		(n)
	BYOLD MONNEY Garrison	Baltimore 304	0.5
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	3823 Saven Miche Lutte ON A FARM	?
	MOKLEIGH NURSING HOME	MARAGEMENTAL YES NO D	
3.	NAME OF DECEASED (Type or print) ANNA First Middle Re	HANKIN DATE Month Day Year OF DEATH 11 19 19 66	
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24H Months Days Hours Min 73 yrs.	
1Da	a. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	_
	Housewife At home	BALTIMORE MD, U.S.A	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	MORRIS SCURNICK	Fannie ?	_
(Y)	es, no, or unkown) (If yes give war or dates of service)	7. INFORMANT Address Mr. Edward Hankin. 3623 Seven Mile Lane	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	+ Myocardial monthau 10 days	
	4201 DUE TO ()	the state of the s	
	Conditions, If any, which gave rise to immediate (b) Coronay a	My place.	_
	cause (a), stating the DUE TO underlying cause last. (c)		
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED	Y ?.
FICA	Cerebral anten	oschoos YES NOX	
CERTIFICATION	2Da. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
MEDICAL	fac	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State))
MED	Hour a.m. While Not While at work	Assistant and a state of the st	
	21. I certify that (I) (this hospital) attended the deceased from_	, 1962, to ///9, 1966, that (I) (we) I	
		hat death occurred at 420 AM, from the causes and on the date stated about	ve.
	22a. SIGNATURE	ATTENDING MED. STAFF	
	22c, PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 1	_
	NAME (Type) LEONARD KOTZ M. L) 11 Stade Ave Balto & My	

VR A15 (4) 15M 4-64

25a.

NAME OF CEMETERY OR CREMATORY

Rosedale, Maryland
REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

LOCATION (City, town or county)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR Nesina ADDRESS 6010 REISTERSTOWN Levinson & Bros. Inc.,

23b.

DATE THEREOF

11/20/66

1966 DATE

(State)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. PLACE OF DEATH		OF DEATH		15	5264
a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl	here deceosed lived, if institution b. COUNT		e odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, write RURA	L ond give neores	t town)
Catonsville		Catonsvi	lle		03.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, 520 Academy Road	give street oddress)	d. STREET ADDRESS 520 Acad	emy Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Charles	Middle Har	rsely	4. DATE Month OF Novem		1966
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	- ILITER III	B. DATE OF BIRTH Jan 1 1903	63 lost birthdoy) yrs.	Months Doys	Hours Min.
during most of working life, even if retired)	CIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County) Baltimore	Stote, or foreign country)	12. CITIZEN O	WHAT
13. FATHER'S NAME John Hanse	ely	14. MOTHER'S MAIDEN N	AME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		INFORMANT meth (Hanse	Address Ly 7988 Nolcres	44	en Burni
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ronary Occlusio	on, Acute			SET AND DEATH HOUR
, (*)					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING 20b. DI OR CONTRIBUT	TO DEATH BUT NOT RELATED TO ESCRIBE HOW INJURY OCCURRED.				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING 20b. DI OR CONTRIBUTING 20b. DI	ESCRIBE HOW INJURY OCCURRED. INJURY OCCURRED PLA B Not While foct		Port I or Port II of item 1B.)		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m. While	ESCRIBE HOW INJURY OCCURRED. INJURY OCCURRED Not While foct of work foct added the deceased fram	(Enter noture of injury in F ICE OF INJURY (Home, form tory, street, office bldg., etc.)	ort I or Port II of item 18.) 20f. (City or town) 9_63, to_Nove	(County)	PERFORMED? (Stote)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 21. I certify that (I) (https://doi.org/10.1001/j.ce/10.100	ESCRIBE HOW INJURY OCCURRED. INJURY OCCURRED Not While foct of work foct added the deceased fram	(Enter noture of injury in FINCE OF INJURY (Home, form tory, street, office bldg., etc.) June , 1 at death accurred at , ATTENDING	Port I or Port II of item 1B.) 2Df. (City or town) 9_63, toNove 3:30AM, fram causes a MED. STAFF DIRECTOR PHYS.	(County) , 19 <u>66</u> , tl nd on the dai 22b. DATE SIGN	PERFORMED? (Stote) (Stote) hot (I) (Page) la te stated obov
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20c. ACCIDENT WAS UNDERLYING 20c. ACCIDENT WAS UNDERLYING 20c. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 21. I certify that (I) (this baspitot) aften sow the deceased alive on Sept. 30	INJURY OCCURRED Not While ot work 19 66, and that	(Enter noture of injury in FINDERY (Home, form tory, street, office bldg., etc.) June , 1 at death accurred at 1 b. ATTENDING PHYS. 22d. ADDRESS 1	Port I or Port II of item 1B.) 2Df. (City or town) 9_63, toNov 3:30AM, fram causes a	(County) , 19 <u>66</u> , tl nd on the dai 22b. DATE SIGN	PERFORMED? (Stote) (Stote) hot (I) (Page) la te stated obov
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING 20b. Di OR CONTRIBUTIN	INJURY OCCURRED Not While ot work 19 66, and that	(Enter noture of injury in FACE OF INJURY (Home, form tory, street, office bldg., etc.) June , 1 at death accurred at; ATTENDING D. PHYS. 22d. ADDRESS 1 CREMATORY	Port I or Port II of item 1B.) 2Df. (City or town) 9_63, to_Nov. 3:30AM, fram causes a MED. STAFF DIRECTOR PHYS. D Mallow Hill Araltimore, Md. 23d. LOCATION (City or Town Baltimore,	(County) , 1966, †1 nd on the dai 22b. DATE SIGN 114/66	(Stote) (Stote) (Stote) (Stote) (Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours of the deoth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter deoth. Poge 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

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		and the	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before ad a, STATE b. COUNTY

		CHILITIE TOME	a Oi Daniii	,	10200
1.	PLACE OF DEATH a. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If in b. COU	nstitution: Residence before admission $BALTb$.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH CF STAY IN 1b			rrite RURAL and give nearest town
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	ospital, give street address)	d. STREET ADDRESS	Y ROAD.	e. IS RESIDENCE ON A FARM? YES NO
3.		Middle Loyola	HBNTZ	4. DATE Mon- DF DEATH	th Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED		A VG. 79, 180	- last hirthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a dur		IND OF BUSINESS OR NDUSTRY RELIGIOUS	11. BIRTHPLACE (Co	unty & State, of foreign countr	ry) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME TO HN J. HA	VTZ	14. MOTHER'S MAID THERES		TLD.
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	ite mary)	hazaret - VI	els Julie
	18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).	louis		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last,	aner of	Breni.		100
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING ☐ 20b. I OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II	of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. While p.m. 19 at work	Not While factor	CE OF INJURY (Home, fa ry, street, office bldg., et		(County) (State)
	21. I certify that (I) (this hospital) attended saw the deceased alive on North	ed the deceased from 19 6, and that	death occurred at &	to Now 2	that (I) (we) lass and on the date stated above
	22a. SIGNATURE Harold HBun 22c. PHYSICIAN'S	M.D		MED. STAFF PHYS.	22b. DATE SIGNED 11-28-1966
720	NAME (Type)	23c. NAME OF CEMETERY	8106	Harfierd ()	Pd 34. md
238	SEMOVAL (Specify) FUNERAL DIRECTOR	ADDRESS ADDRESS	Connertan	23d. COCATION (City, 1)	ter, med.
-3	1 TOTAL DIRECTOR	NODITEGO -	250. KEO	D D. REGISTRAN 200. I	real of the second seco

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, of temporal, and in any event, within 72 hour after death. Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

VR AIS (4) 20M 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15267

CERTIFICATE OF DEATH

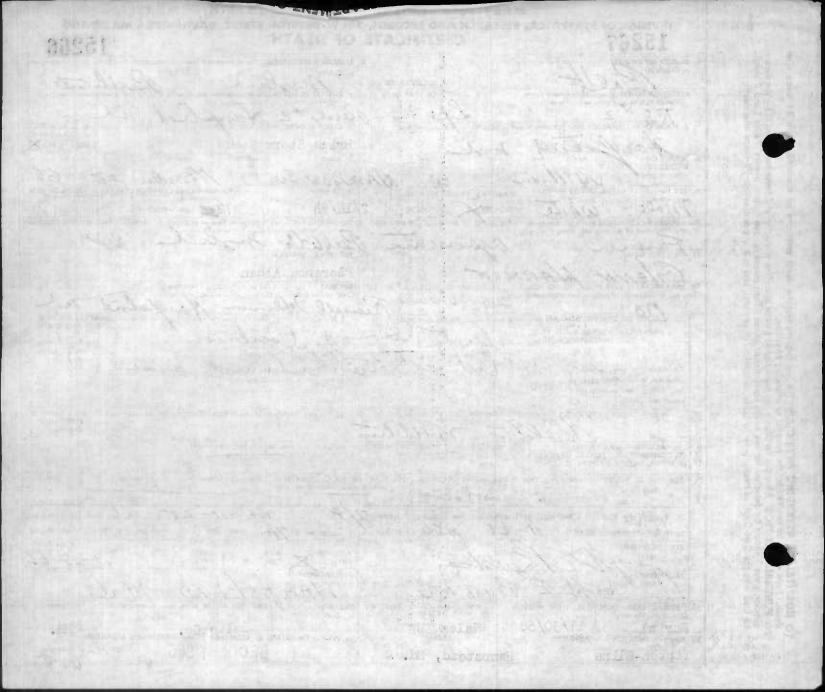
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	TOSOA		CERTIFICA	IL OF PLAIN			19206
	CE OF DEATH	1		2. USUAL RESIDENCE			nce before edmission)
0. 0.	1/50	21-	MARYLAND	". The will	6. CC	Bul.	la 13
b. CI	ITY OF TOWN (IF	outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utsida corporete limits, v	vrite RURAL and give	neerest town)
	write RURAL and g	Iva nearast town)	Lilo.	Rung #>	Nou. I.	o he	1130
d. N	AME OF HOSPITA	L OR INSTITUTION (if n	ot in hospitel, give street address)	d. STREET ADDRESS	rongen		. IS RESIDENCE
	Though	2-1	1. /	Brick Store	Road		YES NO
	ME OF	First	Middle		DATE M	onth Day	Yeer
	EASED o or print	valillia.	4.1	ARYON SU	OF DEATH NO	4. A 2	× 1966
SEX	10	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ars IF UNDER 1 YEAR	2 4. 4
22	1200	1/4	WIDOWED DIVORCED	2/7/1/0/	last birthda	. Monnis Days	Hours Min.
. US	SUAL OCCUPATIO	N (Giva kind of work	106, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County			OF WHAT COUNTRY?
		ing life, even if retired)		DAIA	7. P.	0 0.	OA.
Z-	THER'S NAME	·	aguenthu	14. MOTHER'S MAIDEN NA	ME STORES	- 70	0;17
		11.					
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		IN U.S. KRMED FORCE: es give war or detes of serv	the first a colored	INFORMANT	5/	ress	7 1
T	m		911.1	Viewell Har	no fa	uxeln	1 per
18.		ATH [Entar only one ca WAS CAUSED BY:	use per line for (e), (b), and (c)		0.		NTERVAL BETWEEN
		MEDIATE CAUSE (a)	Meule Cor	oney Ole	clucen		
-	420.1	DUE TO	01	1-11	1 1	10	(7)
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4	ve rise to immediate, stating the und	> DITE TO					
	use last.	(c)					
	PART II. OTHER S	IGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
		Nu Best	in mellile	13 1			YES NO
	. ACCIDENT WAS		Ob. DESCRIBE HOW INJURY OCCUR	D. (Enter nature of injury in Per	t or Pert II of item 1B.)	N. C. Time	
		CAUSE OF DEATH					
200	c. TIME OF INJURY	Month, Day, Year		ACE OF INJURY (Home, farm,	20f. (City or town)	(County)	(Stele)
0	Hour a.m.	19	While Not While fe	ctory, street, office bldg., etc.)			
-	p.m.			7/0 10	66, 10/1-2	P 10/1	that (1) (wa) lac
	/) attended the deceased from	/ / A			
-		d alive on//	19.06, and the	of death occurred ar//	em, from the cause	es and on the d	22b. DATE
226	e. SIGNATURE	181	5	ATTENDING MEL	STAFF		11-2C SIGNED
220	PHYSICIANS	VII	um-	M.D. PHYS. DIRI	PHIS. [1500
17	MAME (Pype)	cont F	Bucken	2/04/4	1500	M	
4	Total correction	Jan -	VOUSA IVID	OR CREWATORY	23d. LOCATION (City	town or country)	(Stete)
REM	OVAL (Specify)	N, 23b. DATE THEREC		OK CKEMATORT	236. LOCATION (City	, lown or county)	(31010)
	rial	11/30/66		lor press	Balto Co.	REGISTRAR'S SIGN	Md.
	NERAL DIRECTOR'S		ADDRESS		BY REGISTRAR 255.	a and	Mas Quelas
13.	pton-Elir	10	Hampstead. Md.	DATE	DE 6 4 130	00 /	7

funeral 24 hours death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and complete ed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15

15M 7-62



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR	STATE	1)		15269	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH		15268
IEALT!	H DERIL B			PLACE OF DEATH COUNTY BALTIMORE		MARYLAND	2. USUAL RESIDENCE a. STATE Mary Lar	,	t, if institution: Residence b. COUNTY Baltimore	
deloy is and 3 to	ent	ŀ	ŀ	. CITY OR TOWN (If outside corporate	e limits, c. LEN	GTH OF STAY IN 16	c CITY OR TOWN (If	outside carporote limits	s, write RURAL and give	
2 ×	0.0		_	write RURAL ond give nearest taw COCKEYSVILLE NAME OF HOSPITAL OR INSTITUTION	n)	ot address)	Cockeys			0.3. / e. IS RESIDENCE
# - E	De	/	,		, , , ,			and	D 3	ON A FARM?
ith.	e State De 72 hours	00	3 1	FALLS ROAD nea	r Broadway	ROSA Middle	Lost	4. DATE	Broadway	Doy Year
dec P	the Si in 72	İ		ECEASED	ATRICE	MARGIE	HARR	OF DEATH	11	29 19 66
fter Giv	with the	Ì	S. :	17112			8. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HR
18.0	× × ×		I	emale White	WIDOWED 🟋	DIVORCED	May 11,	L928 38	oirthdoy) Months yrs.	Doys Hours Min
hours ofter death. If a litem 18. Give Pages 1, Office along with form			10o. duri	USUAL OCCUPATION (Give kind of working most of working life, even if retired)	INDUSTRY		II. BIRTHPLACE (Sto Marylan	te or foreign country)	12. CITI	IZEN OF WHAT INTRY?
l in			13	Tousewife FATHER'S NAME	l Own Ho	ome	14. MOTHER'S MAIDE		0.52	Δ.
within an pencil i	SE €		10.	WALTER ALLER	D		ELLA	1010	ERD	
This certificate should be executed within 24 hours ofter death, icate, writing the word "pending" in pencil in Item 18. Give Page he forwarded to the Chief Medical Examiner's Office along with fi	permit. File			WAS DECEASED EVER IN U.S. ARMED FO s, no, or unknown) (If yes give wor or NO			amily reco		Address	=
ndir	per	Ì		18. CAUSE OF DEATH (Enter only o	ne couse per line for (o), (b),					INTERVAL BETWEEN
"pe	unsit ar r			PART I. DEATH WAS CAUSED BY	Y: CAUSE (o) Carb	on monoxide	e poisoning			ONSET AND DEATH
ord	buriol-transit motion, ar re			1131	DUE TO	ese Mandanites				
sho e w	ourio			Conditions, if ony, which gave rise to immediate couse (a).	(b)					
ote th	a b			stoting the underlying couse	DUE TO					
iffice	d as ial, c			last.	(c)					TIO WAS AUTORSY
is certificate should be executed to, writing the word "pending" in farworded to the Chief Medical	be used as a buriol-transit permit. to burial, cremotion, ar removal,	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PA	RT 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	ld b		STIFIC	20o. EXTERNAL CAUSE WAS PRIMARY ♥ or CONTRIBUTING □	20b. DESCRIBE I	OW INJURY OCCURRED.	(Enter noture of injury i	n Port I or Port II of it	iem 18.)	
INER: e certif	lles. should t, prior			CAUSE OF DEATH.	Apparen	tly shot h	usband - th	en went ir	ı garage an	d turned o
MIN the	- m =		MEDICAL	20c. TIME OF INJURY Month, Doy, YEARLYHOA .M. 11 29	7eor 20d. INJURY 01 While of wark 10 N	CCURRED 20e. PLA tot While to tot work C G	ACE OF INJURY (Home, fo tory, street, office bldg., et arage - Hon	rm, 20f. (City of tc.) Cockey	or town) (Cou VSVille Bal	to. Md.
L EXA	Z: Po			21. I certify that I took o						and in my opini
exe o	be retoined for y RAL DIRECTOR: Po or its designated			-	-		cide X, Homicio		mined monner	
please ex	IREC desi			1,000	1		Contract .	AL EXAMINER		
Ple	L D			SIGNATURE // CONTROL	in Zane		IVI. U.	EDICAL EXAMINER		22. DATE SIGNE
O DEPUTY necessory, p	moy be retoined for your FUNERAL DIRECTOR: Page solth or its designated oge	21		EXAMINER'S	II ODAWA			ICAL EXAMINER	4	11-29-66
Cess Cess	5 moy O FUNE Heolth		230		U. SPITZ, M.	NAME OF CEMETERY OR		eet, city, town, or coun	.,	(County) (Stote)
5 e ÷	5 m Heo		Z30	DEMOVAL (Family)			s Road Cei		keysville	, ,,
	(1	24	FUNERAL DIRECTOR		ADDRESS	2So. RE	C'D BY REGISTRAR	2Sb. REGISTRAR'S SI	GNATURE
٧	R A15ME (5) 6M 1/66	0	(John Burns' So	ns, Towson,	Marylan	d. DATE	DEC 5 19	366 Aclia	wes Judge

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE Page delay is of

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certificate should be executed within

Office along with farm

Deportment hours with the State [within 72 hour event puo any _ ⊆ and removal buriol-transit 0 burial, cremation, 0 to prior 3 should

TO FUNERAL DIRECTOR: Page 3 sn. Health or its designated agent, retoined may !

VR A15ME (5)

6M 1/66

4 should

the funeral director.

15270 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Maryland Baltimore BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL ond give negrest town) COCKEYSVILLE Cockeysville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? FALLS ROAD near Broadway Road YES Falls Road near Broadway 3. NAME OF Middle First 4 DATE DECEASED OF DEATH (Type or print) GEORGE HERBERT HARR S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) 38 yrs. Months Dovs WIDOWED DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retail Feed St INDUSTRY COUNTRY? Owner-Operator Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herbert F. Harr Ethel Jones 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dotes of service Family Records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH MMEDIATE CAUSE (6) Gunshot wounds of chest involving lungs and liver DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a) DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED?
YES X NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20o. EXTERNAL CAUSE WAS PRIMARY XX or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH Apparently shot by wife during altercation 2Dc. IIME OF INJURY Month, Doy, Yeor arly May M.m. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.)
Home Not While of work While ot work 19 66 Cockeysville Balto. Maryland 21. I certify that I took charge of the remains described above, held on Autopsy XX. Inspection . Inquiry . ond in my apinion Natural couses Suicide [___ death resulted fram: Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 11-29-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) WERNER U. SPITZ. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Grace-Falls Rd. Cem. Cockeysville. Maryland 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE John Burns' Sons, Towson, Maryland DEC 5

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15270 CERTIFICATE OF DEATH 5074

TOPLI				10%	
. PLACE OF DEATH			CTATE	here deceosed lived, if institution: Residence	ce before odmission)
o. COUNTY	Dalliana	MARYLAND	o. STATE Maryl	and b. COUNTY Bal	timore
h CITY OR TOWN /	Baltimore If outside corporote limits,	c. LENGTH OF STAY IN 16		side corporote limits, write RURAL and give	
write RURAL ond	give neorest town)			(07)	
	sex (21)	to be to be a fall of	d. STREET ADDRESS	x (21)	e. IS RESIDENCE
	AL OR INSTITUTION (If not in h			1 01	ON_A_FARM?
102 N.	Stuart Stree			stuart St.	YES NODEX
3. NAME OF	First	Middle		4. DATE Month	Doy Year
(Type or print)	CATHERINE L		Hartman)	DEATH November 18,	
S. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
Female	White w	VIDOWEDICE DIVORCED	Jan. 17, 188	77 Yrs.	
10o. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County &	Stote, or foreign country) 12. C11	TIZEN OF WHAT
during most of working Housewi	life, even if retired)	INDUSTRY Home	Baltimore	e, Maryland	U.S.A.
13. FATHER'S NAME		27.92.00	14. MOTHER'S MAIDEN NA		
	h Dadam		Margare		
	h Bader ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	vice)		Same	
No		213 07 1508 E	Edna Carter	Omine	INTERVAL DETWEEN
18. CAUSE OF DI	EATH (Enter only one couse pe	er line for (o), (b), ond (c).)		-	ONSET AND DEATH
PARI 1, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	CEREBRAL HE	MORRHAG	70	6 DAYS
4200				W-4.0= 3:43:44	The state of the
Conditions, if ony	, which gove) (b)	ARTERIO-SCL	EROTIC	HEART DISEASE	
rise to immediat					
last.	(c)	WITH HYPER	- TENSIO	N	19 YRS
PART II. OTHER SI		RIBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED?
2	2000				YES NO
20o. ACCIDENT WA	S LINDEDI VING IT	205. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in P	Port 1 or Port II of item 18.)	
OR CONTRIBUTING	CAUSE OF DEATH	TOO. SESCRIBE HOW INDON'T OCCURRED.	,		
	MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town) (Co	ounty) (Stote)
20c. TIME OF INJ			ctory, street, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,	(5,5,5)
n i	m 19	ot work ot work			56 11 . 111
21. 1 certi	ify that (I) (this hospita	al) attended the deceosed fram	NUG 18 ,1	958, to NOV 18, 199	that (I) (we) las
saw the d	leceased alive an N	00,11 1966, and the	at death accurred at	M, from causes and on t	the dote stated obave
220. SIGNATURE	200. 1 N	10		MED. STAFF	DATE SIGNED
1		buell "	A.D. PHYS.	DIRECTOR L PHYS. L ///	18/66
22c. PHYSICHAN'S	S	3.	22d. ADDRESS	Taylor Ave. Balto.	27 Md.
NAME (Type	Joseph Mice				
230. BURIAL, CREMATI	ON, 23b. DATE THEREO	OF 23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
BURIAL (Specify				Baltimore Co., 1	Md.
24. FUNERAL DIRECTO	OP -	ADDRESS		BY REGISTRAR 25b REGISTRAR'S	SIGNATURE
		me 1407 Eastern Av	e. DATE	2 1 1966 June	Luden

Tuneral Home 1407 Eastern Ave.

VR A15 (4) 20 M 1/66

Bruzdzinski

Page 4 moy be retained by the hospital or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15268
CERTIFICATE OF DEATH
15967

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altimore	MARYLAND		Where deceased live	i, If institution: R	esidence before admission)
outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 1b	The second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section is a second section of the section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the section of		nits, write RURAL	and give nearest town)
L OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
timore Medical	Center	103 Dundalk		21222	YES NO
First Edward	Middle Stephens	Haroth	OF DEATH	November	Day Year 6- 1966
hite: WIDDWEI	DIVORCED	Nov. 29- 1908	last bir	thday) Months yrs.	Days Hours Min.
Give kind of work done 10b. fe, even if retired) Bethle	KIND DF BUSINESS OR INDUSTRY Chem Steel Co.	Maryland		country) 12. C	U.S.A.
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ne also was or datas of comica)			Haroth,	Address # 2,a,b,c	, d.
WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which (b) ediate (DUE TO	Cardio-re	Pancer D	fail	ese	INTERVAL BETWEEN ONSET AND DEATH
FICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DIS	EASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
RY Month, Day, Year 20d. While	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f. (City or 1		unty) (State)
at (1) (this hospital) attened alive on Nor	ded the deceased from	at death occurred at / ATTENDING MEDITY DIFFERENCE DIFF	D. STAF	causes and on the second secon	that (I) (we) last the date stated above. DATE SIGNED 00. 6-1966 21204
Nov. 9-1966 R Dundalk, Mar	Oak Lawn ADDRESS		Baltimo	re. Marv	land 21224 's signature
	coutside corporate limits, give nearest town) LOR INSTITUTION (if not in it it in in it in it in it in it in it in it in it in it in it in it in in it in it in it in in it in in it in in it in in it in in in it in in in in in in in in in in in in in	Outside corporate limits, give nearest town) Outside corporate limits, give nearest town) C. LENGTH OF STAY IN 1b 9 days LOR INSTITUTION (if not in hospital, give street address) Limore Medical Center First Middle Edward Stephens COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED Give kind of work done foe, even if retired) In U.S. ARMED FORCES? INDUSTRY IN U.S. ARMED FORCES? I	a. STATE Mary outside corporate limits, give nearest town) 9 days LOR INSTITUTION (If not in hospital, give street address) Limore Medical Center Color Or Race The Middle Last La	a. STATE Maryland Outside corporate limits, give nearest town) 9 days L. DR INSTITUTION (if not in hospital, give street address) L. DR INSTITUTION (if not in hospital, give street address) L. DR INSTITUTION (if not in hospital, give street address) L. DR INSTITUTION (if not in hospital, give street address) L. DR INSTITUTION (if not in hospital, give street address) L. DR INDUSTRY B. DATE OF BIRTH Last OF DEATH SOLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED NOV. 29. 1908 8. DATE OF BIRTH NOV. 29. 1908 10. STATE Maryland d. STREET ADDRESS 10.3 Dandalk Avenue 10. STATE DATE OF DEATH NOV. 29. 1908 10. BIRTHPLACE (County & State, or foreign Maryland 14. MOTHER'S MAIDEN NAME Bertha Frances Krain INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 213. 072-9373 WIFE, Mrs. Mary Haroth, in H. Enter only one cause per line for (a), (b), and (c).1 WAS CAUSE BY: MEDIATE CAUSE (a) DUE TO Which (b) DUE TO Which (c) FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS UNDERLYING DIE TO While ATTENDING MED. ATTENDING MED. ATTENDING MED. PHYS. Chili Chim Shift M.D. ATTENDING MED. ATTENDING MED. PHYS. Chili Chim Shift M.D. ATTENDING MED. ATTENDING MED. PHYS. Chili Chim Shift M.D. ATTENDING MED. ATTENDING MED. ATTENDING MED. ATTENDING MED. ATTENDING MED. PHYS. Chili Chim Shift M.D. ATTENDING MED. ATTENDING MED. ATTENDING MED. ATTENDING MED. PHYS. Chili Chim Shift M.D. ATTENDING MED. ATTENDING MED. ATTENDING MED. ATTENDING MED. ATTENDING MED. PHYS. Chili Chim Shift M.D. ATTENDING MED.	a. STATE Maryland b. COUNTY Bell cutside corporate limits, give sherest town) 9 days LOR INSTITUTION (if not in hospital, give street address) b. COUNTY Bell C. CITY OR TOWN (if outside corporate limits, write RURAL Dundalk d. STREET ADDRESS 103 Dundalk Avenue 21222 First Middle Last 4. DATE DEATH November First Middle Last 4. DATE DEATH November 100. COUNTY Bell Morth DEATH November 100. COUNTY Bell Morth DEATH November 100. COUNTY Bell Morth DEATH November 100. COUNTY Bell 100. COUNTY Bell Morth DEATH November 100. COUNTY Bell 100. COUNTY Bell 100. COUNTY Bell Morth DEATH November 100. COUNTY Bell 100. COUNTY Bell 100. COUNTY Bell Morth DEATH November 100. COUNTY Bell Morth DEATH November 100. ADATE DEATH November 100. ADATE DEATH November 100. County & State, or foreign country) 101. DIRTHPHACE (County & State, or foreign country) 102. Country Maryland 114. MOTHER'S MAIDEN NAME Bertha Frances Kratzmeder 116. SOCIAL SECURITY NO. 117. INFORMANT Address 118. SOCIAL SECURITY NO. 121. OT-9373 Wife, Mrs. Mary Haroth, # 2,a,b,c MEDIATE CAUSE (a) White DUE TO White Bertha Frances Maryland 14. MOTHER'S MAIDEN NAME Bertha Frances Kratzmeder 15. COUNTY Bell Morth Morth Maryland 14. MOTHER'S MAIDEN NAME Bertha Frances Kratzmeder 15. COUNTY Bell Morth Mo

VR A15 (4) 15M 4-64

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perfitte. Then please remove carbon papers. Peers and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours agent death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15272
CERTIFICATE OF DEATH
15271

1. PLACE OF BEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
Baltimore MARYLAND	Maryland Patty
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Baltimore	Baltimore 63-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
2533 Farrington Road	2533 Farrington Road YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Anne Helzner	DEATH November 15, 19 66 B. DATE OF BIRTH 19. AGE (In years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. AGE (IN years FUNDER 14 FAR) 19. A
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Housewise At Home	Russia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Israel Glass	Deborah Goldberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) No Unknown	Mr. Harry Helzner, 2533 Farrington Road #9
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
443 X DUE TO 11 - 7	udid Vascular Pleseare years
Conditions, If any, which) (b) Hyperlesser Ch	well Viescular persent grass
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELA	PERFURMED
5 Cerebral hemorhoge Left. 24.	1966 YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Leader Leade	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Mulie Wot wulle	ry, street, office bldg., etc.)
21. I certify that (I) (this hespital) attended the deceased from	June, 1962, to Jun. 15, 1966, that (1) (we) last
	death occurred at /P. M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Louis R. Maser M.D	ATTENDING MED. O. PHYS. MED. PHYS. MED. PHYS. //-/5-66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Louis Maser	2724 Smith Avenue
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 11/16/66 Mikro Kodesh 1	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Sol Levinson & Bros. Inc., 6010 Reisterst	own RD DATE NOV 17 1966 Scharles Judge

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATE	1	1527	2	MED	ICAL EXAMIN	ER'S	CERTIFICATE (OF DEATH			4500	0
IENITH	DEPT.	/F	PLACE OF DEATH					2. USUAL RESIDENCE		ad if institut	ion. Docidones I	1957	4
ILALIII			o. COUNTY					o. STATE	,	b. COU	YTY		in)
ay is 3 to Page	nt af ath.			Baltimore		MARY		Mary.				imore	
ry delay is ,, and 3 to PM3. Page	mer de			(If autside corporate limited give negrest town)	ts,	c. LENGTH OF STAY IN	l lb	c. CITY OR TOWN (If o		nits, write RU		/	
any delay 2, and 3 PM3. Pag	frer		Es	ssex (21)					x (21)		- /	13.1	
	De p		d. NAME OF HOSE	ITAL OR INSTITUTION (If r	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS				e. IS RESID ON A FA	JENCE ARM?
This certificate shauld be executed within 24 haurs after death. If ticate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm	e State Department af 72 hours after death.	00	1015 Ea	astern Ave.				1015 East	tern Ave.			YES	NO T
Pag /ith	Sto		3. NAME OF DECEASED	F	irst	Middle		Lost	4. DATE OF	Mont	'h	Day Yea	
fter de Give I ong w	£ .⊑		(Type or print)	Madi	Le M. He	ess			DEATH 1	lovemb		19 6	
on Gi	with th	7	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH	las	(In years birthday)	Months Do	AR IF UNDER	24 HRS.
18 18 e d	2 5	4	Female	White	WIDOWED	DIVORCED		Dec. 23, 190	06 55	Yrs.			18111.
haurs at Item 18. Office al	land 2 with event with			ON (Give kind of work done ig life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZE	N OF WHAT	
24 in			Housew			Home		Virginia				SA	
inel	pages in any		13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
with pen	File pand i		W. I	R. Shiflett				Lodie M	orris				
ed in Ey				VER IN U.S. ARMED FORCES') (If yes give war ar dates		SOCIAL SECURITY NO.	17.	INFORMANT		Addre	229		
INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's	s a burial-transit permit.		No) (II jes give war ar adies	212	2 24 4385	Wi	lliam M. Hes	ss Sar	ne			
exe andi Me	em(1B. CAUSE OF	DEATH (Enter only one co	use per lin Tor	(a), (b), ond (c))	/	Dirair	2			INTERVAL BET	
be 'pe	burial-transit mation, or re		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSI		3-6	/ -	VIS CHOL				ONSET AND D	LAIH
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hat the	uria		Conditions, if or		(b)								
the state	a b	12	rise to immedi	, ,, C DIII	10								
fica ing ded	as a		last.)	(c)								
ertii vrit war	used as burial,		PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELE	TED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		19. WAS AUTO PERFORME)PSY
is c e, \	a p	0	20o. EXTERNAL PRIMARY Or CAUSE OF DEATH			7)	0	0					NO D
	s. auld be priar ta		200. EXTERNAL		20b. DES	SCRIBE HOW/MJURY OC	gurined.	Enter noture of injury in	Port I or Port II of	item 1B.)			
ertii uld	iles. shauld nt, priar		CAUSE OF DEATH	ONTRIBUTING		1	'						
INE C Sho	file 3 sh ant,			IJURY Month, Doy, Year				CE OF INJURY (Home, for		y or town)	(County	()	Stote)
AM e th	aur		Hour (o.m. 19	While of work	Not While of work	toct	tory, street, office bldg., etc.	.)		/		
AL EXA execute ir. Page	R: Pc		21. I cert	ify that I took chard	e of the rem	nains described ab	ave, he	eld an Autapsy 🔲,	Inspection [Inqu	Jiry TD:	ond in my	opinior
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EPUTY SSSary, p funeral	E 26	21	NAME (Type)	M. B. Davis	M.D. 6	6800 Mornin	ngto	n Rd. ADenda	tity, down, onep	nty)	10/08	,	
TO DEPUTY MEDTCAL EXAMINER: necessary, please execute the certif the funeral directar. Page 4 shauld	5 may be retained far yaur file: TO FUNERAL DIRECTOR: Page 3 sh Health ar its designated agent,		230. BURIAL CREMA	TION, 23b. DATE TH	HEREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCATIO	N (City or To	wn) (Co	Va. (St	tote)
Ĕ	12	1	Reno va	10/1	66		agu	e Funeral H					
	A36445 15:	1	24. FUNERAL DIREC		lyne				D BY REGISTRAR		GISTRAR'S SIGN		
	A15ME (5)	E	resizdzins	ci Funeral	Home 140	07 Eastern	Ave	DATE	NOV 14	1956	Mulay	les Que	Lee

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE OALTIMORE 2 MARYLAND to the funeral CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b NDALK UNDALK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS defay 1, nd 3 to ... State hours SOLLERS 3. NAME OF DATE Month the DECEASED DEATH (Type or print) SARRISON 2 with within 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS form NEVER MARRIED last birthday) NER: This certificate should be executed within 24 hours after death. I ficate, writing the word "pending" in pencil in Item 18. Give Pages be forwarded to the Chief Medical Examiner's Office along with forn WIDOWED DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR and BIRTHP ACE (State or foreign country) during most of working life, even if retired) INDUSTRY INDUSTRIAL 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, U.S. NAVY 7-05-6934 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: I-transit ntion, or SEASO IMMEDIATE CAUSE (a DUE TO Conditions, if any, which burial (b) gave rise to immediate DUE TO cause (a), stating the CO underlying cause last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION or or 20b. DESCRIBE HOW UNJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Pa 3 should MEDICAL 20d. INJURY OCCURRED | 200. PLACE OF INJURY (Home, farm, 20f. (Clty or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. EXAMINER: Not While CTOR: Page designated at work at work the certi inspection Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Natural causes Accident Undetermined manner Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER for your Page 0 DAVIS - 6800 NER BILLETES (Street, city, town, FUNERAL f Health o please ex director. retained OF CEMETERY OR CREMATORY (City, town or county) jo 0

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME 3500 4-64

REC'D BY REGISTRAR

ALTIMORE

e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

and in my opinion

DATE SIGNED

(State)

YES [

(County)

PERFORMED?

NO TH

(State)

ON A FARM?

21222

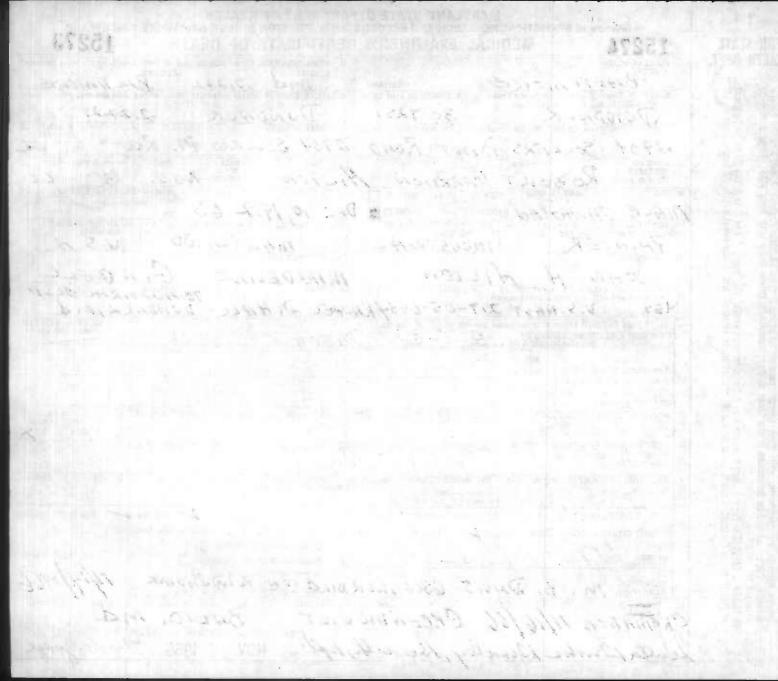
13

Months

Days

12. CITIZEN OF WHAT

COUNTRY?



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

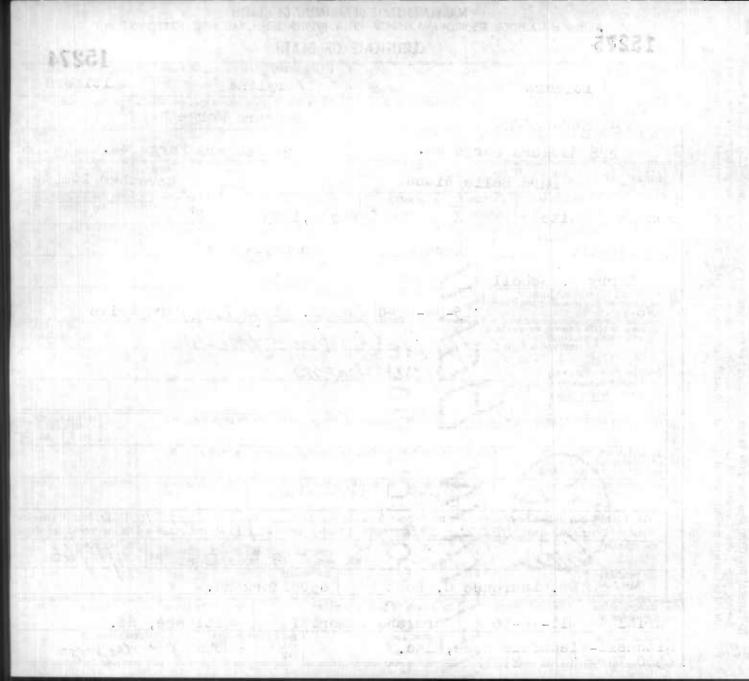
CERTIFICATE OF DEATH

15974

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE Maryland b. COUNTY Ba	e before admission) Ltimore				
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Rodgers Forge	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Rodgers Forge					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
228 Rodgers Forge Rd.	228 Rodgers Forge Rd	• YES NO				
3. NAME OF First Middle DECEASED (Type or print) Lura Belle Himes	Lost 4. DATE Month OF DEATH Novembe	r 10 19 66				
		YEAR IF UNDER 24 HRS. Doys Haurs Min.				
Female White WIDOWED X DIVORCED NO INC. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ZEN OF WHAT				
during mast of working life, even if retired) INDUSTRY	COU	INTRY?				
Housewife Home	Pennsylvania					
Harry T. Scholl	Nellie					
	INFORMANT Address					
(Yes no or unknown) I/If yes give war at dates of service)	ohn F. Himes 7306 Park Dri	Ve				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (d.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gove nise to immediate cause (o), stating the underlying cause lost. (c)	ross	INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
GR CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Port I or Part II of item 18.)					
Hour o.m. p.m. 19 While Not While of work of work	CE OF INJURY (Home, form, pory, street, affice bldg., etc.)					
21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an 1966, and that	death occurred at P.M., from couses and an th	6 , that (I) (we) lasse date stated above				
220. SIGNATURE M.I	D. ATTENDING MED. STAFF 22b. DA PHYS. DIRECTOR PHYS.	TE SIGNED 66				
22c. PHYSICIAN'S NAME (Type) Dr. Lawrence C. Post	6508 York Rd.					
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(Caunty) (Stote)				
Burran (Specify) 11-14-66 Moreland Me	emorial Baltimore, Md.					
24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc.	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIN					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. They please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remarka, of thin ony event, within 72 haurs after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1527615277 requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and de at pup 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY o. COUNTY offer Baltimore Maryland MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Baltimore 21234 Towson filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Joseph Hospital 7414 Park Dr. YES NO event, within pou 3. NAME OF Middle 4. DATE Month Lost Doy Year First and campletely DECEASED OF Martin 1966 HOFFMAN November 12. (Type or print) DEATH COL SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remaye Months Doys lost birthdoy) Hours November 11,1966 Male dny white. WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 2 please during most of working life, even if retired) COUNTRY? INDUSTRY physician and Baltimore, Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en Donald H. Hoffman Ellen M. Yeager the attending passit permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dates of service 6 Donald H. Hottman signed by the atter burial-transit perm burial, crematian, o no same INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Prematurity IMMEDIATE CAUSE (o) physician DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO has been see as the lath priar to the stoting the underlying couse attending ATTENDING PHYSICIAN: The law lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CFRTIFICATION Dept. of Health be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While State | ot work 19 66, ta 11/12/ 1966, that (I) (we) last 21. I certify that (this haspital) attended the deceased fram. 19.66, and that death accurred at 10:55M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF X November 12,1966 M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may 7620 York Rd., Baltimore, Md. 21204 Jose Aguto, M.D. NAME (Type) directar, shauld 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Rodeemer emeter. burra imore 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Kuck Inc Baltimore, Md.

VR A15 (4) 20 M 1/66

15276 AND RESERVE Bedieve to the second of the second NULL TO BE WOULD TO A SECOND SECOND Ministration (1988) AUTO CONTROL OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PLACE OF DEATH	1				2 USUAL RESIDENCE (Who	ere deceosed lived, if institut	ion: Residence bef	ore odmission)/
o. COUNTY	Baltimo	re		W AND	o. STATE	b. COU		/
L CITY OF TOWN			c. LENGTH OF STAY	RYLAND		yland de corporote limits, write RUI	DAL and aive sees	act town)
write RURAL	I (If outside corporate limit and give nearest town)	fs,	C. LENGTH OF STAT	מו או				
Tows					Ba	ltimore	21212	30.4
d. NAME OF HOSE	PITAL OR INSTITUTION (If n		, ,		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
3	St.Joseph Ho	spital			54	05 Loch Rave	n Blvd.	YES NO
NAME OF DECEASED	J ₁	irst lia,	Middle	Н	offmayer '	4. DATE Mon	ember 1	Year 1966
(Type or print)		(51	ster Mary	Basil		DEATH		IF UNDER 24 HR
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 52 8	. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys	
Female	White	WIDOWE	D DIVORCE	D 🗌	8-24-89	77 yrs.		
0o. USUAL OCCUPATI	ON (Give kind of work done		KIND OF BUSINESS OR		11. BIRTHPLACE (County & S	itote, or foreign country)	12. CITIZEN	
uring most of working Relie	ng life, even if retired)		INDUSTRY		Philadelph	nia.Pa.	U.S.	Á
3. FATHER'S NAME					14. MOTHER'S MAIDEN NA		0.0.	6.0
		. 97			Compliant	Conttlina		
reder:	ick Hoffmaye	er	COCIAL SECURITY NO	17 1	Caroline	Addr	acr	
Yes, no, or unknown	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes	of service)	6. SOCIAL SECURITY NO.					27. 04.54
No			44 cm cm cm (44)	Sis	ter Wilhelmi	na SSND, Bal	timore,	Md. 2121
	ny, which gove	E TO				eft ventricle		ONSET AND DEATH
rise to immedi stoting the un- last.	ny, which gove iote couse (o), derlying couse	E TO (b) Ar E TO (c)	terioscler	osis	coronary art	eries, severe		
rise to immedi stoting the un- last.	ny, which gove iote couse (o), derlying couse	E TO (b) Ar E TO (c)	terioscler	osis		eries, severe		9. WAS AUTOPSY PERFORMED? YES NO [
rise to immediate to immediate. PART II. OTHER 200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTI	ny, which gove iote couse (o), derlying couse	E TO (b) Ar E TO (c) CONTRIBUTING	terioscler	osis	coronary art	TION GIVEN IN PART 1(o)		9. WAS AUTOPSY PERFORMED?
PART II. OTHER 200. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTH Hour	DUI ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS WAS UNDERLYING □ NG □ CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19	E TO (b) Ar E TO (c) CONTRIBUTING 20b. 20d. Whi	TETTOSCLER TO DEATH BUT NOT RE DESCRIBE HOW INJURY OF INJURY OCCURRED INJURY OCCURRED ork Of While of	ELATED TO TO CCURRED. (HE TERMINAL DISEASE CONDI Enter noture of injury in Pol EE OF INJURY (Home, form, ory, street, office bldg., etc.)	TION GIVEN IN PART 1(o) If I or Port II of item 18.) 20f. (City or town)	(County)	9. WAS AUTOPSY PERFORMED? YES NO (Stote
PART II. OTHER 200. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTI 201. I cel	NAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 rtify that \$0 (this ho	E TO (b) Ar E TO (c) CONTRIBUTING 20b. 20d. White of we despited at the control of the control	TESCRIBE HOW INJURY OF INJURY OCCURRED OF WORK OF OTWORK	ELATED TO T CCCURRED. (20e. PLAC focto	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o) If I or Port II of item 18.) 20f. (City or town)	(County)	9. WAS AUTOPSY PERFORMED? YES NO (Stote
rise to immediately find the unlast. PART II. OTHER 200. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTI Hour) 201. I cel	NAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER) NIRY MONth, Doy, Yeor o.m. 19 rtify that (his hodecased alignment)	E TO (b) Ar E TO (c) CONTRIBUTING 20b. 20d. White of we despited at the control of the control	TESCRIBE HOW INJURY OF INJURY OCCURRED OF WORK OF OTWORK	ELATED TO T CCCURRED. (20e. PLAC focto	HE TERMINAL DISEASE CONDI Enter noture of injury in Pol E OF INJURY (Home, form, ory, street, office bldg., etc.) October 23, 19 I death accurred a6	TION GIVEN IN PART 1(o) If I or Port II of item 18.) 20f. (City or town) 66, to November 100AM, fram causes	(County)	9. WAS AUTOPSY PERFORMED? YES NO [(Stote)
PART II. OTHER 200. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF II Hour 21. 1 cer saw the	NAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER) NIRY MONth, Doy, Yeor o.m. 19 rtify that (his hodecased alignment)	E TO (b) Ar E TO (c) CONTRIBUTING 20b. 20d. White of we despited at the control of the control	TETTOSCLER TO DEATH BUT NOT RE DESCRIBE HOW INJURY OF INJURY OCCURRED ile Not While ork of work anded the deceased	ELATED TO TO CCURRED. (20e. PLAC foctor form (and that	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o) It I or Port II of item 18.) 20f. (City or town) 500 A M, fram causes	(County) r 1 19 66, and an the d 22b. DATE SI	9. WAS AUTOPSY PERFORMED? YES \(\bigsim \) NO ((State) that \(\bigsim \) (we) ate stated about
PART II. OTHER 200. ACCIDENT V OR CONTRIBUTII (IF EITHER, NOTI 20c. TIME OF II Saw the 220. SIGNATULE	DUI ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS WAS UNDERLYING WAS UNDERLYING THE MEDICAL EXAMINER NJURY Month, Doy, Yeor o.m. 19 rtify that (this ho deceased alive on RE	E TO (b) Ar E TO (c) CONTRIBUTING 20b. 20d. White of we despited at the control of the control	TETTOSCLER TO DEATH BUT NOT RE DESCRIBE HOW INJURY OF INJURY OCCURRED ile Not While ork of work anded the deceased	ELATED TO T CCCURRED. (20e. PLAC focto	Enter noture of injury in Police OF INJURY (Home, form, ory, street, office bldg., etc.) October 23, 19, death accurred a6.	TION GIVEN IN PART 1(o) If I or Port II of item 18.) 20f. (City or town) 66, to November 100AM, fram causes	(County) r 1 19 66, and an the d 22b. DATE SI	9. WAS AUTOPSY PERFORMED? YES \(\bigsim \) NO ((State) that \(\bigsim \) (we) ate stated abo
PART II. OTHER 20c. ACCIDENT V OR CONTRIBUTII (IF EITHER, NOTI Hour 21. 1 cer saw the	NAS UNDERLYING \(\text{NIDER} \) MAS UNDERLYING \(\text{DATHER MODITIONS} \) WAS UNDERLYING \(\text{DATHER MODITIONS} \) NAS UNDERLYING \(\text{DATHER MODITIONS} \) NO	E TO (b) Ar E TO (c) 20b. 20d. Whiotw espital) atternoons	DESCRIBE HOW INJURY OF MANUAL CONTROL OF WORK OF WORK OF MANUAL CONTROL OF MANUAL CO	ELATED TO TO CCURRED. (20e. PLAC foctor form (and that	Enter noture of injury in Police of Injury (Home, form, bry, street, office bldg., etc.) October 23, 19, death accurred a63 ATTENDING DI 22d, ADDRESS	TION GIVEN IN PART 1(o) It I or Port II of item 18.) 20f. (City or town) 00, ta November 100 March 100	(County) r 1966, and an the d 22b. DATE SI	9. WAS AUTOPSY PERFORMED? YES (Stote) (Stote) that (A) (we) ate stated above 1,196
PART II. OTHER 200. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF II Hour 21. I cet saw the 220. SIGNATUI 22c. PHYSICIA NAME (FY)	DUI ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS WAS UNDERLYING WA	E TO (b) Ar E TO (c) CONTRIBUTING 20b. 20d. White of white of the November of the Novemb	DESCRIBE HOW INJURY OF THE PROPERTY OF THE PRO	ELATED TO TO CCURRED. (20e. PLAC focted of from (and that	Enter noture of injury in Pole E OF INJURY (Home, form, ory, street, office bldg., etc.) October 23, 19, death accurred a6, attending MPHYS. 22d, ADDRESS 7620 York	TION GIVEN IN PART 1(o) It I or Port II of item 18.) 20f. (City or town) 06, to November 1000AM, fram causes ED. STAFF RECTOR PHYS. 5	(County) or 11966, and an the d 22b. DATE SI Novemb	9. WAS AUTOPSY PERFORMED? YES NO (Stote) that (A) (we) ate stated about the stated about t
PART II. OTHER 200. ACCIDENT V OR CONTRIBUTII (IF EITHER, NOTI 20c. TIME OF II Hour 21. I cet saw the 220. SIGNATUI 22c. PHYSICIAL NAME (FY)	DUI ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 rtify that (this ho deceased alive on RE N'S N'S M. S. Coci CITION, 23b. DATE Th	E TO (b) Ar E TO (c) CONTRIBUTING 20b. 20d. White of the spiral after th	DESCRIBE HOW INJURY OF CENTRE TO THE CONTROL O	OSIS ELATED TO T OCCURRED. (20e. PLAC foctor foctor and that	Enter noture of injury in Pole E OF INJURY (Home, form, ory, street, office bldg., etc.) October 23, 19, death accurred a6, attending MPHYS. 22d, ADDRESS 7620 York	TION GIVEN IN PART 1(o) It I or Port II of item 18.) 20f. (City or town) 00, ta November 100 March 100	(County) or 11966, and an the d 22b. DATE SI Novemb	9. WAS AUTOPSY PERFORMED? YES NO (Stote) that (A) (we) ate stated about the stated about t
PART II. OTHER 200. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF II Hour 21. I cet saw the 220. SIGNATUI 22c. PHYSICIA NAME (FY)	DUI ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 rtify that (this ho deceased alive on RE N'S N'S M. S. Coci CITION, 23b. DATE Th	E TO (b) Ar E TO (c) CONTRIBUTING 20b. 20d. White of the spiral after th	DESCRIBE HOW INJURY OF THE PROPERTY OF THE PRO	OSIS ELATED TO T OCCURRED. (20e. PLAC foctor foctor and that	HE TERMINAL DISEASE CONDI Enter noture of injury in Pol E OF INJURY (Home, form, pry, street, office bldg., etc.) October 23, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	TION GIVEN IN PART 1(o) It I or Port II of item 18.) 20f. (City or town) 06, to November 1000AM, fram causes ED. STAFF RECTOR PHYS. 5	(County) r 1966, and an the d 22b. DATE SI Novembore, Md.	9. WAS AUTOPSY PERFORMED? YES NO (Stote) that (A) (we) ate stated above 1,190 21204 (Stote)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

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CEPTIFICATE OF DEATH

15970

1326	9		CERTIFICAT	L OI DEATH		1	0000
1. PLACE OF DEATH				o STATE	(Where deceased lived, if ins	COUNTY	
	BALTIMORE		MARYLAND		RYLAND		IMORE
b. CITY OR TOWN	(If autside carparate limits	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	autside carparate limits, write	RURAL and give i	neorest town)
FORT	nd give nearest tawn)		148 DAYS	BAI	TIMORE	0	3.1
	PITAL OR INSTITUTION (If no			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
VETERA	ns administr	ATION 1	HOSPITAL	431 ORIOLE	E AVENUE		YES NO 2
3. NAME OF DECEASED (Type or print)	Fir CHA	st RLES	Middle	HOHBINE	O.F.	Month EMBER	17 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year		
MALE	WHITE	WIDOWED	DIVORCED	OCTOBER 31.	1891 75 y	y) Months I	Days Hours Min.
	ON (Give kind af wark done ng life, even if retired)	IN	ND OF BUSINESS OR DUSTRY EL. COMPANY		y & State, or foreign cauntry) MARYLAND		ZEN OF WHAT NTRY?
3. FATHER'S NAME		DIE	EL COMPANI	14. MOTHER'S MAIDEN		- UAB	la fla
	D HOHBINE				RA CRIST		
	VER IN U.S. ARMED FORCES?	1 16 9	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(Yes, na, ar unknown	(If yes give wor or dotes o	f service)					
YES	MM T	21	2 01 91 80 C	LLN.RECORDS,	VA HOSPITAL	FT HOW	IARD, MD.
stating the unclast.	ate cause (a), derlying couse	(c)	O DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(c	n)	19. WAS AUTOPSY PERFORMED?
	ARTERIOSCLER	OTIC H	EART DISEASE				YES NO
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOT)	VAS UNBERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I or Part II of item 18	.)	
Hour	p.m. 19	While at wark	Not While of to	LACE OF INJURY (Hame, far actory, street, office bldg., et		n) (Coun	ity) (Stote)
saw the	deceased alive, an	pital) attend	ded the deceased fram_ /66 _19, and th	at death accurred a	19, ta	ses and on the	
	the Lleus	berg	2	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	22b. DAT	12/17/66
22c. PHYSICIAI NAME (Ty	pe) MILTON	GINSEE	RG, M. D.		FORT HOWARD	. MARYLA	LND
23a. BURIAL, CREMA REMOVAL (Spec BURIA 24. FUNERAL DIREC	ify) 11-21	- 66	23c. NAME OF CEMETERY O OAKTAWN CEME ADDRESS	YUSIRY 25a. REC	D BY REGISTRAR 2SE	RE, MARYI	GNATURE
Scharli.	A Leiler	CHA	RLES S. ZEILE 6900 Blk East	DATE	ome Nowa b	1956	limites Ju

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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AND THE STATE OF STAT	1. g(0).	HEAD OUT ELFO SES	<u>.</u>	
		-845810 NASI ON	waasa a	
una Main _ 30 00 (7.1.)	LI BOYS	13/186	State of Management	
x 2/2/76				
COACEAN, CA	AND STATE HOLD		D WOLLTH THE	
DR.S. PARTIAND	GRIAN I	PURENCE THAT DIAGO	1	THEFT
14.00	M (Propusing Comm			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

MARYL

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTI	CAL RESEARCH AND RECORDS, 301 W. PRESTON STR	EET, BALTIMORE 1, MARYLAND
15280	CERTIFICATE OF DEATH	15979

1.	PLACE OF DEAT	ГН			2. t	SUAL RESIDE	VCE (Where	decessed lived, If	institution	Resider	ce before	edmission)
	•. COUNTY Baltimo	re		MARYLAND		. STATE Mary	rland	b. COU	ATY .	-	V	/
		(if outside corporete limits nd give nearest town)		c. LENGTH OF STAY IN 1	b 6	. CITY OR TOWN	(If outside co	prporete limits, writ	RURAL a	nd give	neerest to	vn)
Po	WSON	nd give nearest town)		15 days	Ba	ltimore		2121	8		BULL	1
		PITAL OR INSTITUTION (if	not in hos	pital, give street eddress)		. STREET ADDRESS	5					ESIDENCE
1	Stella Ma	ris Dospice			he	Harylan	der A	pts.#647	-212	kitx	YES _	A FARM?
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Mont	h	Day	Yee	r
	(Type or print)	Blanche		tterson	ada .	kins	DEAT	H Nov.		9	19	56
5.	SEX	6. COLOR OR RACE	. MARRIE	D NEVER MARRIED	B. DAT	OF BIRTH		9. AGE (In years last birthday)				R 24 HRS.
Pe	male	White	WIDOWE	DIVORCED	Aug	.14,1881		ob yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPA	TION (Give kind of work	10b. K	IND OF BUSINESS OR INDU	STRY 11.	BIRTHPLACE (Cou	unty & Stete,	or foreign country	12. C	ITIZEN C	OF WHAT	COUNTRY
de	2001	vorking life, even if retired				Baltimor	e Mar	vland		USI	A	
13	. FATHER'S NAME	.C.y 1181 •				AOTHER'S MAIDEN		J				
		50 1.1										
_		Patterson				Louisa G	ar anam					
		VER IN U.S. ARMED FORCE (Ifyes give wer or dates of ser		SOCIAL SECURITY NO. 17				Addres				
	110			5-10-7675 M	rs. M	arjorie l	Michel	same ac	ddres	5 25	abor	re .
	IB. CAUSE OF	DEATH Enter only one	ause per l	ine for (e), (b), end (c).)		2					TERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (*)		Cormany	X	Linboa				0	1 -7 -	S.
	4581	DUE TO				,						
	Conditions if a			1 4	SA	in						
	Conditions, if ea	diate couse	-	1/1	0.0.							
	(a), stating the	underlying DUE TO		•								
	cause last.) (c)_										
NO	PART II. OTH	ER SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BUT	NOT RELA	TED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(a)	19. WAS	AUTOPSY ORMED?
AT											YES	NO :
CERTIFICATION		WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (Ent	er nature of Injury	in Pert I or Pa	art II of item 1B.)				
CER	(IF EITHER, NOTIF	G CAUSE OF DEATH										
Y.	20c. TIME OF IN.	JURY Month, Dey, Yeer	1 20d.	INJURY OCCURRED 20e. F	PLACE OF	INJURY (Home, fa	rm, : 20f. (C	City or town)	(C	ounty)		(State)
MEDICAL	Hour a.m.		While	THOI WILLIAM	fectory, str	eet, office bldg., e	lc.)					
×	p.m		et wor		0.1		1					
				ded the deceased from								
	saw the dece	ased alive on		19, and th	at death	occurred at	٦M, fro	m the causes	and on	the da	le stated	above.
	22a. SIGNATURE	101	0	A		ATTENDING	MED.	SPAFF			22	b. DATE SIGNE
	ILA	Cutt Ma	lean	(ci)		PHYS.	DIRECTOR	HYS.				SIGINE
	22c. PHYSICIAN	'S			2	2d. ADDRESS						
	NAME (Typ	Robert J.1	lahon	,M.D.								
23	e. BURIAL, CREMA	TION, 236. DATE THERE	OF	23c. NAME OF CEMETER	Y OR CR	EMATORY	23d. LC	CATION (City, to	wn or cou	nty)	(:	State)
-	REMOVAL (Specif							kesville.				
-	Burial		00	Drula nias	e Le	metery		ISTRAR 256. RE	GISTRAR'S	SIGNA	TURE	
24	FUNERAL DIRECTO	DK'S SIGNATURE	0	Ballo,	mel.		11011	1000	y Cle	arice.	Jus	ge
1	m.J./4	umer +	son	s worth	210	DATE	MUAT	4 1966	11		0	

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TO SHIP TO SHIP OF THE PARTY OF

Division of STATISTICAL RE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	3	15281	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15280
HEALTH DEPT.		PLACE OF DEATH D. COUNTY BOLL A THE PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if in a. STATE)	nstitution: Residence before admission
r death. If any delay is ve Pages 1, 2, and 3 to g with farm PM3. Page the State Department of in 72 hours after death.		o. CITY OR JOWN (If outside carparate limits, write BURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporote limits, wri	ite RURAL and give neorest town
2 0 0	-	S. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
th. If ges 1, s farm ote De hours			$R \subseteq$		YES NO
after death. If a 8. Give Poges 1, olong with farm with the Stote De within 72 hours		VAME OF DECEASED Type or print) GEORGE	Middle Ho	DAPER OF DEATH	Month Doy Year 4 1966
afte olonic olonic with	S.	81 1	MARRIED NEVER MARRIED E	3. DATE OF BIRTH YOV 17-1877 9. AGE (In year) Instituted	ars IF UNDER 1 YEAR IF UNDER 24 HRS. ay) Manths Days Haurs Min.
24 hours in Item 1. Office of 1 and 2. In event	10a dur	USUAL OCCUPATION (Give kind of work dane ng profit of working life even if refired)	10b. KIND OF BUSINESS OR DUSTRY RED	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT OUNTRY?
- G - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	_	FATHER'S NAME	OPPER	14. MOTHER'S MAIDEN NAME	
u	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , na, ar unknown) (If yes give war or dates af serv	16. SOCIAL SECURITY NO. 17. II	RICHARD HOP	Address (SAME)
shauld be executed word "pending" of the Chief Medical burial-transit permit.		IB. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		oce Lusian	INTERVAL BETWEEN ONSET AND DEATH
the shauld the word of to the Ch o burial-tra		4201 DUE TO Conditions, if any, which gave	A-5-C-1	1- DISEASE	
0 + + 0		rise ta immediate cause (a), stoting the underlying cause last.	Senility		
	MOLL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
INER: This e certificate, should be for files. 3 should be to as the prior to out, prior to	CERTIFICATION	20a EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DISCRIBE HOW INDURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1	
the 4 sh ur fill ur fill ge 3 s	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o.m. 19		E OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	wn) (Caunty) (State)
MEDICAL EXA pleose execute I director. Page retoined for DIRECTOR: Page its designated of		21. I certify that I taak charge of	the remains described obove, hel	ld an Autopsy 🔲 , Inspection 🔃 ,	Inquiry ond in my opinion
rector. Pag oined for y oined for y IRECTOR: Po		death resulted from: Natural car	uses D, Accident D, Suici	de, Hamicide, Undetermine CHIEF MEDICAL EXAMINER	ed manner
ITY MEDICAL Try, pleose erol director be retoined RAL DIRECTOR Its design		ACTUAL SIGNATURE	with me	M.D. ASSISTANT MEDICAL EXAMINER	11 22/ DATE SIGNED
ro DEPUTY MEDICAL I necessory, please exect the funerol director. Po 5 may be retained for O FUNERAL DIRECTOR: Health or its designate		EXAMINER'S NAME (Type) M. B. DAVI	S BALTO, MP. 2	TON DEPUTY MEDICAL EXAMINER Address (Street, city, town, ar county)	11/1/06.
TO DEPUNCESSO the fun 5 moy 1 TO FUNE Health	230	BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City	or Town) (Caunty) (State)
VR A15ME (5)	24	FUNERAL DIRECTOR	ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25	Sb. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

54

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

15282

LACE OF DEATH

15287

	2070
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
BALTIMORE MARYLANO	a. STATE MARYLAND b. COUNTY BALTIMORE
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
BALTIMORE, MARYLAND 6 days	BRESSEX; MARYLAND 21221 03./
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AODRESS 8. IS RESIDENCE ON A FARM?
GREATER BALTIMORE MEDICAL CENTER	l Louella Avenue D YES NOT
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) CHARLES JOSEPH HOR	
5. SEX 6. COLOR OR RACE 7. MARRIEX NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE CAU WIDOWED DIVORCED	8-12-13 last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 1Db. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FIREMAN BALTIMORE COUNT	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES JOSEPH HORNER SR.	PEACOCK
(Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address
NO ** 213-03-1846	PATIENTS CHART
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: Carcustua of	Jung with pelastasis
163 X DUE TO	
Conditions, If any, which \ (b)	
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
ICA	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO BE SERVICED TO SEATH BUT NOT RELATED TO SE	RRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 2De. PLAC	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 2De. PLAC Hour a.m. While Not While at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21. I certify that (I) (this hospital) attended the deceased from N	0V 4 , 1966, to NOV 10 , 1966, that (1) (we) last
saw the deceased alive on Nov 10 1966, and that	death occurred at 3 30 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNED
M.D.	ATTENDING MEO. STAFF PHYS. 11-11-66
22c. PHYSICIAN'S NAME (Type) MARIO B. INES MD	22d. AODRESS
NAME (Type) MARIO B. INES M.D.	GBME, BALTO. MS 2/204
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	
Barial (Specify) 11/15/66 Parkwood Cem	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE
Bruzdzinski Tuneral Home 1407 Eastern Ave	21 NUV 14 1966 1

VR AI5 (4) 20M 1/65

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Committee to the part of the part of the contract of

Division of STATI		EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE,	, MARYLAND 21201
15283	CERTIFICAT	E OF DEATH	15989
ACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE	l, if institution: Residence before admission) b. COUNTY
CITY OR TOWN (If outside corporate lim write RURAL and give nearest town) Baltimore	nits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporote limits	s, write RURAL ond give neorest town)
NAME OF HOSPITAL OR INSTITUTION (IF	not in hospitol, give street address)	d. STREET ADDRESS	e. IS RESIDEN ON A FAR
St. Josephs	Hospital	234 Warren Rd. &	
AME OF	First Middle	Last 4. DATE	Manth Doy Year

1.	PLACE OF DEATH a. COUNTY		No.			2. USUAL RESIDENCE (o. STATE	Where deceased	lived, if institution b. COUNT		efore admission	on)
-		Baltimore		MARYLA		Ma	ryland	ti i Buba	Dallow	marc 12	
		(If outside corporate limited and give nearest town)	ts,	c. LENGTH OF STAY IN	10	c. CITY OR TOWN (If o	utside carporote	limits, write KUKA	L ond give nec	prest fown)	
	Balti					Balti	more		0	2.1.	
,	d. NAME OF HOSP	ITAL OR INSTITUTION (If r	ot in hospitol, g	give street address)		d. STREET ADDRESS				e. IS RESID	DENCE ARM?
	St	. Josephs	Hospital	1		234 War	ren Rd.	& Howar	d Ave		NO 🐷
3.	NAME OF		irst	Middle		Last	4. DATE	Manth	[Doy Yes	or
1	(Type or print)	Pl	nyllis	M.		HOWARD	DEATH	November		19	66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH			IF UNDER 1 YEA		
	female	white	WIDOWED	DIVDRCED		July 4, 18		last birthday) 59 yrs.	Months Day	ys Hours	Min.
		N (Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	y & Stote, or forei	gn country)	12. CITIZEN	OF WHAT	
di	Homemak	g life, even if retired)		YN HOME		Baltimore,	Md.		COUNTR	USA	
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN		14 /45			
		James 3	ohn M:	ilway		I	Anna Ca	arroll			
		ER IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17. 1	NFORMANT		Address	5	-	
10	res, no, ar unknawn	(If yes give wor or dates	at service)	IONE	I	amily Red	ords				
F		DEATH (Enter only one co	use per line for	(o), (b), and (c).)						INTERVAL BET	
		ATH WAS CAUSED BY: IMMEDIATE CAUSI	Man	tiple pulmo	nar	v emboli				ONSET AND D	DEATH
	443	V	E TO						0 0		
	Conditions, if on	y, which gave		gestive hea	rt	failure					
	rise to immedia		E TO						P P		
	stating the und	eriying cause	(d) art	eriosclerot	ric	hvpertensi	ze cardi	ovascula	ar dise	2850	
	PART II. OTHER	SIGNIFICANT CONDITIONS		O DEATH BUT NOT RELATI						19. WAS AUTO	
NOIL	C	erebr e- vasc								PERFORM YES X	NO
CERTIFICATION	20o. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCU	JRRED. (Enter nature af injury in	Part I or Part I	l of item 1B.)		10 [2	110
						E OF INJURY (Hame, fari ary, street, affice bldg., etc		City or town)	(Caunty)		(State)
	21. I cert	tify that (1) (this ho deceased alive an <u>N</u>	spital) attendovember	ded the deceased fr	om_C d that	ctober 13, death accurred o	14:15 M,	November fram couses o	1,519_66 nd on the c	that (4) (dote stote	we) la: d obov
	22o. SIGNATUR	"Len	Na	١,	M.C	. 11113.	MED. DIRECTOR	STAFF PHYS.	Nov.	15, 1	966
	22c. PHYSICIAN NAME (Typ		F. Mis	anik, M.D.		7620 You	rk Road,	21204			
7	Ba. BURIAL CREMAT	ION. 23b. DATE TH	IEREOF	1 23c. NAME OF CEMETE	RY OR (REMATORY	23d. LOCA	TION (City or Tow	n) (Cau	inty) (S	tate)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

VR A15 (4) 20 M 1/66

Nov.18,1966 Poplar Grove 24. FUNERAL DIRECTOR
John **ADDRESS** Burns' Sons, Towson, Maryland

Cemetery 2So. REC'D BY REGISTRAR

1936

Cockeysville, Maryland Marley

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MARTLAND STATE DEPARTMENT OF HEALTH FOR STATE 15281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT

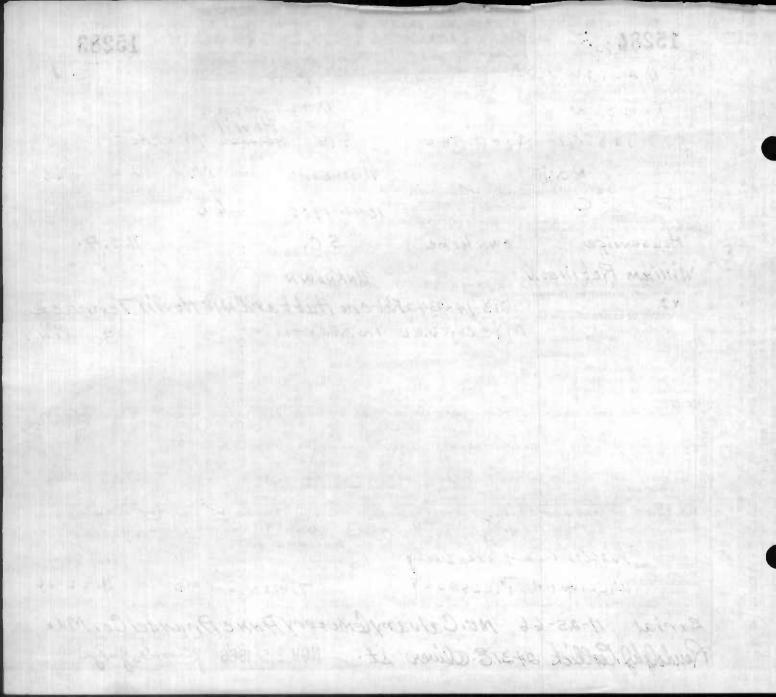
Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 15909

20004	10,00
1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Whare decessed livad, If institution; Residence before admission) o. STATE b. COUNTY
BALTIMORE MARYLAND	MD
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	
16WSON	BALTIMORE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS HOWI/ o. IS RESIDENCE ON A FARM?
ST. JOSEPH HOSPITAL	418 HOWELL TERRACE_ YES NO
3. NAME OF First Middle	Lest 4. DATE Month Dey Yaer
(Typa or print) RUSIE	HUBBARD DEATH NOV. 22 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	10-11- 1900 (ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife ownhone	S.C. 4.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Robinson	71
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yas, no, or unkown) (Ifyasgivawarordatasofsarvica)	obert Hubbard 418 Howil Tennace
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	L INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYO CHR DIM	IN PAR CTIEN ONSET AND DEATH
420/ DUE TO	30 7.14
C 100 10	
gave rise to immediata cause	
(a), stating tha underlying DUE TO	
causa last. (c)	IOT NEATH TO THE TRUMP OF THE T
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5	YES NO
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter natura of injury in Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, farm, '20f. (City or town) (County) (Stata)
Hour a.m. While Not Whila let work at work	ciory, sileer, office blogs, alc.)
21. I certify that I took charge of the remains described above, h	neld an Autopsy Inspection II. Inquiry II. and in my opinion
death resulted from: Natural causes . Accident . Sui	icide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE NILLES WE at setslung	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	M.D. DEPUTY MEDICAL EXAMINER
NAME (Type) WILLIAM A. PILLSBURY	Address (Strate, coly, soll, breounty). M.D. 11-22-66
	OR CREMATORY 22d. LOCATION (City, town, or country) (Stata)
Burial 11-25-66 Mt. Calvax	Wenetery ANNE Anundel Co. Mdi
23. EUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
A. I.D. ID Papil DIZIE M'	OI MOVED THOSE AND A O
CALANDONIA OF VIAR THE STEEL OF	lt. NOV 2 5 1966 Scharles Judge

TO DEPUTY DICAL EXAMINER. This certificate should be executed within 24 hours after death. If an any is necessary, please exect certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 5M 1/62



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15285

CERTIFICATE

OF DEATH	1.5	284
o. STATE Md.		ce befare admissian)
. CITY OR TOWN (If autside carparate limit	s, write RURAL and give Baltimore	nearest tawn)
STREET ADDRESS 5628 LochRaven B	lvD	e. IS RESIDENCE ON A FARM?

	o. COUNTY Baltimore	MARYLAND	o. STATE Md	b. COU		XKKINOKK
	b. CITY OR TOWN (If outside corporate limits, write RURAL and pive regrest town)	c. LENGTH OF STAY IN 16		utside carparate limits, write RU Balt	RAL and give ne imore	arest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h 1507 Bedworth Rd.	ospitol, give street oddress)	d. STREET ADDRESS 5628 Loc	chRaven BlvD		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) Anna C	• Hughes	Lost	DEATH	15,1966	Day Year 19
S.			B. DATE OF BIRTH	9. AGE (In years 6 last birthdoy)	Manths Do	
		DOWED # DIVORCED	Jan. 26,189	yrs.		
	. USUAL OCCUPATION (Give kind of work done ing mast at warking lite, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Baltimo:	* & Stote, or foreign country)		N OF WHAT
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Henry Pohlman		Cres	centia Geiger	3 - 544	
1\$. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give wor or dotes af servi NO	(e) 16. SOCIAL SECURITY NO. 216 36 6398	Mrs. Leona:	Addr		ille, Md.
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Comment.	huntoni.			INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gove (b)	they fertensie	Cardiovascula	1 Sirien		
	stating the underlying cause ast.	. //				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I ar Port II af item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While of work of work					
	21. I certify that (I) (this hospital saw the deceased alive an	attended the deceased fram_	t deoth accurred a	7		, that (I) (we) las date stated above
	22a. SIGNATURE Exterfor	M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE	SIGNED 16 CG
22c. PHYSICIANS NAME(Type) E.P.COEfay 22d. ADDRESS 3100 St. Paul St. Baltimore, Md.						Md.

BURIAL, CREMATION REMOTAL Smeets 23a.

23b. DATE THEREOF Nov. 17,66

23c. NAME OF CEMETERY OR CREMATORY New Cathedral

23d. LOCATION (City or Tawn) Baltimore,

(Stote) (County) Md. Balto.,

24. FUNERAL DIRECTOR -Brooks Towson,

Towson,

25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 1966

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remover, and in any event, within 72 haurs are death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

Mary Mary Mary Mary Mary 15 115

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	1 (1/1)	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
h.	- N		15286 CERTIFICATE OF DEATH 15285
death.	funeral 1 and 2 r death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. CDUNTY
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‡ P	led pers 72 h		d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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within	rbor, wi	3.	NAME DF First Middle Last 4. DATE Month Day Year OFCEASED
	ca	5	(Type or print) FRANCIS WILLIAM HUCLES DEATH NOV. 25 19 66 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 14 PER IFUNDER 24 HRS
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	or re	15 (Y	WAS DECEASED EVER IN V.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address s, no. or unknwn) (If yes give war or dates of service)
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90	ian. d by the a ransit perr cremation,		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
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SIC	hos is ce ache ept.		
£	bet the	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (State)
NG	After After d be d	ME	p.m. 19 at work
ATTENDIN	CTOR: Should		21. I certify that (I) (this hospital) attended the deceased from
	ECT ECT 3 sh with		22a. SIGNATURE 22b. DATE SIGNED
	DIRE		M.D. PHYS. DIRECTOR PHYS.
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OSP	UNE 4		Wm. Newcomer. M.D. Superintendent Mount Wilson, Maryland
-	Page O FUNI direct	23	BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION (City town or county) (State)
	1	2	FUNERAL DIRECTOR ADDRESS 25a. RECIDENT REGISTRAR 25b. REGISTRAR'S SIGNATURE
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Mar. democracy, M.D., Superintendont, Mount Wilson, Meryland

THE STATE OF THE PARTY SERVICES AND AND ASSESSED.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICA		MARYLAND 15286
	AGE OF DEATH COUNTY MARYLANO MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE b. COUNTY	DETO.
d	C. LENGTH OF STAY IN 1 Write RURAL and give mearest town) TOWSOW NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	& BALTIMORE	30.4/
3. N	reater Balto. Mcdical Centor	Last 4. DATE Month	ON A FARM? YES NO Oay Year
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	R CONTRIBUTING ☐ CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)		ounty) (State)
MEDICAL	Hour a.m. p.m. 19 While at work at work	**LAGE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bidg., etc.)	, (State)
	21. I certify that (I) (this hospital) attended the deceased from—saw the deceased alive on	hat death occurred at 9 302M, from the causes and on	the date stated above.
	Can K. Challen	A.O. PHYS. DIRECTOR PHYS.	-7-66
	NAME (Type) KAM K. CHHILLAR	Great Bull Med. Cent	s, Bultone
Bu	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE 12rial 11/10/1966 Old Trini 20ress Appress 4. Jenkins & Sons Co. 4905 York	ty Churchyard Cambridge	Md
	Balto 12. Md	NOV 9 1966 gales	rles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Item 18. Give Poges 1, Office along with form

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This certificate should be executed within

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moy be retained for your FUNERAL DIRECTOR: Poge Poge 5 moy be retained for you

TO FUNERAL DIRECTOR: Pog
Health or its designated o the funeral director.

15288 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX ESSEX d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 308 LORRAIN LORRAINE YES NO -3. NAME OF Middle DATE DECEASED DEATH 1966 (Type or print) NOU. 9. AGE (In years IF UNDER 1 YEAR S. SEX B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? R. Teamman MAIL ROAD USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FREDERICK WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) ABOUE WIFE ES W. W 1B. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN (1), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO F 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) foctory street office bldg., etc.) of work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry ond in my opinion deoth resulted from: Noturol couses Suitide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DATE THEREOF BURIAL CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 66 BALTU. NATE BURIA 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR CONNELLY

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE BALTIMORE MARYLANO the funeral 5 may be Department after death. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b 03.1 YRS. DUNDALK DUNDALK e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS y delay is and 3 to t ON A FARM? State hours 026 BELCLARE ROAD 7026 BELCLARE ROAD YES NO X NAME OF First Middle Last 4. DATE Month Year DECEASED 11/8/1966 JAGD DEATH 19 (Type or print) HURLUF ALBERT 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH form last birthday) | Months | Give Pages Oavs Min. Hours DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages rector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with for 59 CAUCASIAN MALE WIOOWEO OIVORCED T event 10a. USUAL OCCUPATION (Glye kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INOUSTRY DENMARK USA STEEL MEGR pages 1 FOREMAN 13. FATHER'S NAME MOTHER'S MAIDEN NAME ALBERTA *** File 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. 213+07-7915 GWENDOLYN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line/for (a), (b), and (c).] ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a **OUE TO** Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMEO? NO X S c YES . 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. or be OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) P 3 should 200 PLAGE Of INJURY (flome, ferm, 20f. (City or town) factory, street, office bldg., etc.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. Not While While et work at work CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my opinion files. DIRECTOR: Undetermined manner death resulted from: Natural causes X. Suicide Homicide Accident please execute the director. Page 4 s retained for your f CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL SIGNATUR 0 FUNERAL f Health or OEPUTY MEDICAL EXAMINER EXAMINER'S AVIS-6800 MORNINGTON ARCA TStreet, CONTAIN ATCAINT) MARYLANT NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify) ō 0 BURTAL OAKLAWN SIGNATURE EUNERAL DID REC'D BY 66 VR A15ME BRADLEY OATE 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral and 2 hours after death. and 2 USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE DF DEATH b. COUNTY and completely filled in by the f emove carbon papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS executed within NAME OF Middle Last 4. DATE Month DECEASED DEATH (Type or print) NOURM 13 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 8. 9. remove 7. MARRIED NEVER MARRIED last birthday) Months 28 .1903 DIVORCED A June 6 WIDOWED lease re 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL ÖCCUPATION (Give kind of work done during most of working life, even if retired) attending physician INSER tno death certificate FATHER'S NAM or removal, Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service 16. SOCIAL SECURITY NO. 17. INFORMAN TO FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or r (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO 2 Conditions, if any, which (b) to Immediate DUE TO cause (a), stating underlying cause last, (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (Clty or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 1966 November (I) this hospital) attended the deceased from Dangary and that death occurred at 1:30 m. from the causes and on the date stated above. 1966 saw the deceased alive on 22a_SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. PHYSICIAN'S 22d. ADDRESS director, p 22c. NAME (Type) 1450 NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23c. EMOVAL (Specify) dowiel 4 REC'D BY REGISTRAR 25b.

LOCATION (City, town or equinty) (State) REGISTRAR'S SIGNATURE 1966 VR A15 (4) 15M 4-64

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12. CITIZEN OF WHAT

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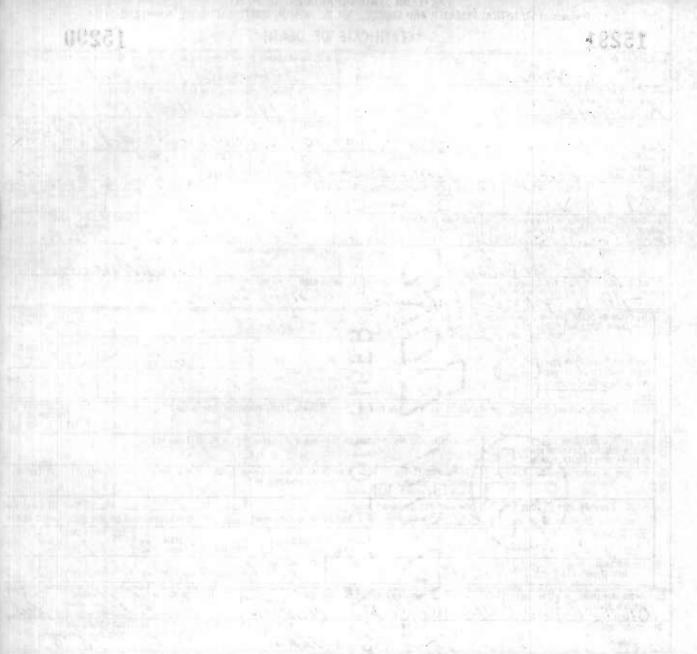
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH 15000

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1 6 E		22c. PHYSICIAN'S NIREATI	S. BARRETTO M.D.	Salto. Cou	The Cen. Hosp. Plan	Jan -
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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SOCIAL PARTY

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

the funeral directar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health ar its designated agent, priar to burial, cremation, ar remaval,

FOR STATE

HEALTH DEPT.

Less 1 and 2 with the State Department of any event within 72 haurs after 30ath.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15292	MEDICAL EXAMINER'S CERTIFICATE C)
CE OF DEATH	2 USUAL RESIDENCE (ν

15291

		O. COUNTY Baltimore	MARYLAND	o. STATE	b. COUNTY				
		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	carporate limits, write RURAL				
		write RURAL and give nearest town)		Baldwin		13	- 1		
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS			RESIDENCE A FARM?		
Ü		Box 210 (arroll Mano)	r Road	Box 210 (a	rroll Manor	/ / / /	□ NO X		
		NAME OF First DECEASED (Type or print)	Middle K. Ji		DATE Month OF DEATH NOV.	Doy 15	Year 19 66		
	S. :	SEX . 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		NDER 24 HRS.		
	8	temale white widowed	DIVORCED	5-17-1885	lost birthdoy) // Yrs.	Months Doys Ho	urs Min.		
			ND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHA	IISA		
	13.	FATHER'S NAME		14. MOTHER'S MICHEN NAME					
		William Knieriem		Mary					
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17.	hn I. Jimmue	Schuster Parnett	Road	ld		
1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)								
		4201 DUE TO DUE TO							
-		Conditions, if ony, which gove rise to immediate course (a), (b) Applelance Carden - layer							
		stating the underlying couse DUE TO	1 Page	01/	0				
		lost. (c)	Jenas	1 ance	elac wel	acc			
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO							
	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DE PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	or Port II of item 18.)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. While p.m. 19 of world	Not While foct	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City ar town)	(County)	(State)		
		21. I certify that I took charge of the ren		ld on Autopsy , Ir	spection Inquir	y , ond in i	my opinion		
		deoth resulted from: Natural causes	, Accident [], Suic		, Undetermined mar	nner 🗌			
		ACTUAL SIGNATURE MEASUREST	The break	CHIEF MEDICAL EXAM		22. D	ATE SIGNED		
		EXAMINER'S	Con Connecc	DEPUTY MEDICAL EX		11/	. /		
2		NAME (Type) Charkes F.O'Don	nnell, M.D.	Address (Street, city	, town, or county)	1/16	166		
		BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	(County)	(Stote)		
)	_	REMOVAL (Specify) 11-17-66		emeteru	Baltimore.	Md.			
1	24	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY		STRAR'S SIGNATURE			
9	1	eonard J. Kuck Inc Be	altimore, Md	DATE INU	V 17 1\$56	Lucy &	udge		

VR A15ME (5) 6M 1/66 TEMPERATURE !

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MARYLAND STATE DEPARTMENT OF HEALTH

ATH						
BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE MARYLAND b. COUNTY				
WN (If autside carparate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16 16 DAYS	c. CITY OR TOWN (If autside carparate limits, write RURAL BALPIMORE	and give nearest town)			
		d. STREET ADDRESS 335 MASON COURT	e. IS RESIDENCE ON A FARM? YES NO			
First CLAUT	Middle WADE	Lost 4. DATE Manth	Day Year			
7		B. DATE OF BIRTH 9. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HR: Manths Days Hours Min.			
	10b. KIND OF BUSINESS OR INDUSTRY	11: BIRTHPLACE (County & Stote, or foreign country) BAITTMORE MARYIANMD	12. CITIZEN OF WHAT COUNTRY?			
Contract to the contract of	N .	14. MOTHER'S MAIDEN NAME ELIZABETH LONG				
D EVER IN U.S. ARMED FOR CES? (If yes give war or dates af s	onicol		HOWARD, MD.			
DEATH WAS CAUSED BY:		AND INFARCTION	INTERVAL BETWEEN ONSEA WE DEATH			
fony, which gave) (h	ATRIAL FIBRILLATIO	ON CONTRACTOR OF THE CONTRACTO	DAYS			
stoting the underlying couse (a), (c) ARTERIOSCLEROTIC HEART DISEASE WITH CONCESTIVE HEART 8 YEAR						
ER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY RERFORMED? YES NO			
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)						
F INJURY Month, Doy, Year or a.m. p.m. 19			(County) (State)			
ne deceased alive an	tal) attended the deceased fram_ 11/10/66 19, and th	10/25/66 , 19 , ta 11/10/6 at death accurred at 1:00AM, fram causes ar				
PURE / She	K/X N/ m/m	ATTENDING MED. STAFF D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED 11/10/66			
	OSPITAL OR INSTITUTION (If nat in the content of th	OSPITAL OR INSTITUTION (If not in haspital, give street address) ANS ADMINISTRATION HOSPITAL First Middle WADE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIVORCED ATION (Give kind of work dane rking life, even if retired) DEVER IN U.S. ARMED FORCES? DOWN (If yes give wat or dates of service) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO COLOR OR RACE 7. MARRIED NEVER MARRIED VIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 16. SOCIAL SECURITY NO. 17. 218 05 06 444 CL. OF DEATH (Enter only one cause per line for (a), (b), and (c).) DUE TO COLOR DEATH (Enter only one cause per line for (a), (b), and (c).) DUE TO ATRIAL FIBRILIATION OF DEATH WAS CAUSED BY: ON ON WHICH GOVERNOON (c) DUE TO ARTERIOSCIEROTIC INTUME OF CAUSE (b) OF DEATH WAS UNDERLYING OF DEATH OTHER HOW INJURY OCCURRED While of work of a	OSPITAL OR INSTITUTION (If not in hospital, give street address) RANS ADMINISTRATION HOSPITAL First Middle CLAUDE WADE OF PATH OF DEATH MIDDWED ATTON (Give kind of work dane riking) life, even if retired) DIVER IN U.S. RAMED FORCES? DIVINGRED DIVER IN U.S. RAMED FORCES? DIVINGRED DIVINGRED DIVINGRED 11. BIRITHPLACE (County & Stote, or foreign country) BALTIMORE MARYIAND 14. MOTHER'S MAIDEN NAME ELIZABETH LONG DEATH (Enter only one cause per line for (a), (b), and (c).) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Underlying couse OF DEATH (Enter only one cause per line for (a), (b), and (c).) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Underlying couse OF DEATH (Enter only one cause per line for (a), (b), and (c).) ATRIAL FIBRILIATION (c) ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTI ERE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (c) IT WAS UNDERLYING Underlying COUSE FINURY MONTH, Doy, Year UT CAUSE OF DEATH OF DEATH (Enter only one cause per line of (a), (b), and (c).) ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTI EVER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (c) TWAS UNDERLYING UNDERLYING UNDERLYING OUT OF A CONTRIBUTION			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remavel, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

23a.

24.

23b. DATE THEREOF

11-15-66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

NATIONAL

MARYLAND

23c. NAME OF CEMETERY OR/CREMATORY

BALTIMORE

BY REGISTRAR 1 4 1966

23d. LOCATION (City or Town)

(County)

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15294 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) FORT HOWARD 12 DAYS BA LTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL NO TV 727 NORTH AVONDALE ROAD 3. NAME OF Middle 4. DATE Last DECEASED (Type ar print) JEROME. NATHANIEL **JOHNSON** DEATH NOVEMBER AGE (In years YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 7. MARRIED NEVER MARRIED last birthday) DIVORCED APRIL 2. 1893 MALE NEGRO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) INDUSTRY IA BORER RA ILROAD BALTIMORE, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME EDWARD JOHNSON EMMA PRIDGETT VA HOSPETAL IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates af service) 216 05 34 06 FORT HOWARD, MARYLAND CLINICAL RECORDS INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RIGHT PULMONARY INFARCTION, RECENT IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a). **DUE TO** stating the underlying cause ARTERIOSCIEROTIC HEART DISEASE, AORTIC INSUFFICIENCY YEARS last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark 21. I certify that (V (this haspital) attended the deceased fram NOV 4 19 66 to NOV 16 19 66 that (W (we) last saw the deceased alive an NOV 16 1966, and that death accurred at 1,000 M, fram causes and an the date stated above. 22b. DATE SIGNED 11/16/66 22a SIGNATURE DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NEILON NEILSON. M. D. VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City or Town) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND BURTAI 2Sb. REGISTRAR'S SIGNATURE

be executed within 24 haurs after death funeral by the f Pages aurs carban ÷ × please The law requires that the death certificate en remova attending permit. The signed by the burial-transit as the priar ta has been alth this certificate the haspital ar Pol detached TO FUNERAL DIRECTOR: After be retained directar, page shauld be filed

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MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30] Division of STATISTICAL RESEARCH

15295		CERTIFIC	AIE OF	DEATH		15	294
1. PLACE OF DEATH a. COUNTY Baltimore	0	MARYLA	a.	STATE Mary	here deceased lived, if ins	county	ce before odmission)
b. CITY OR TOWN (If outside corporation write RURAL and give nearest tow	e limits	c. LENGTH OF STAY IN 1		Y OR TOWN (If outs	side corporate limits, write	RURAL and give	neorest town)
lowson.	Control Control			Towso	N -		03.1
d. NAME OF HOSPITAL OR INSTITUTION		ive street oddress)		REET ADDRESS			e. IS RESIDENCE ON A FARM?
St. Joseph H	ospital			5728 Quee	ns Ferry Roc	id	YES NO
3. NAME OF DECEASED (Type or print) Jeronimas	First (Jaronimas) Jokso	as(Joks	us)	55	Month Nov. 14,	
S. SEX Male 6. COLOR OR RA		NEVER MARRIED DIVORCED	B. DATE	OF BIRTH 97 1888	9. AGE (In year lost birthdown	y) Months	Doys Hours Mir
100. USUAL OCCUPATION (Give kind of wor during most of working life even if retired		ND OF BUSINESS OR DUSTRY Ted.	11.1	IRTHPLACE (County & Lithuan	State, or foreign country)	COL	UNTRY? thuania
13. FATHER'S NAME			14. /	NOTHER'S MAIDEN NA			
1S. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (If yes give wor or	DRCES? 16. dotes of service)	SOCIAL SECURITY NO.	17. INFORM	ANT POLINZE	1er + - 89 J	ddress	ly Sello 20
1B. CAUSE OF DEATH (Enter only a PART 1. DEATH WAS CAUSED B IMMEDIATE	Y: (a)	14- 4 - 31	my e	unqual	2 un Lovat	ton	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove							
rise to immediate couse (o), stating the underlying cause lost.	DUE TO	Peneral	1310	orter	rios elero	Le.	
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING 1	O DEATH BUT NOT RELATE	ED TO THE TER	MINAL DISEASE COND	DITION GIVEN IN PART 1(c	()	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE	H	SCRIBE HOW INJURY OCCU	JRRED. (Enter r	oture of injury in Po	ort I or Port II of item 18	.)	
20c. TIME OF INJURY Month, Doy, Hour a.m. p.m.	Yeor 20d. II While of worl	Not While		NJURY (Home, form, et, office bldg., etc.)	20f. (City or town	n) (Cou	unty) (Stote)
	21. I certify that (I) (this haspital) attended the deceased from 19.66, that (I) (we) lost sow the deceased alive an 19.66, and that death occurred at 9.66, from causes and on the date stated above.						
220. SIGNATURE							
22c. PHYSICIAN'S NAME (Type) STE	PALEY	ANKLID	AS "	2d. ADDRESS	siden c	horce	La sies
23a. BURIAL, CREMATION, REMOVAL (Specify)	ATE THEREOF	23c. NAME OF CEMETER Most Holy			23d. LOCATION (City of Baltimore	Md	(County) (State)*
24. FUNERAL DIRECTOR	, , 50	ADDRESS			BY REGISTRAR 25t	. REGISTRAR'S SI	
Thomas & Kenny Inc	1600 Hall			DATE NO	JV 1 8 1966	Mla	ween luck

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	MARYLAND STATE DEPARTMENT OF HEALTH
IVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN

	10630		OEKTII IOATI	L OI DEAII		15905
1.	PLACE OF DEAT a. COUNTY	н		2. USUAL RESIDEN	CE (Where deceased lived, If Institut	tion: Residence before admission)
	Balti	more	MARYLAND	a. STATE Mary	land b. county	Baltimore
	b. CITY OR TOW	/N (if outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write F	RURAL and give nearest town)
	Dec 20 4 4	and give nearest town)	Part and the	Bol+	imore 12	12.1
_		more 12 SPITAL OR INSTITUTION (if not in)	nospitai, give street address)	d. STREET ADDRESS		l e. IS RESIDENCE
			, 8			ON A FARM?
=		urdock Road			dock Road	YES NOTE
3.	NAME DF DECEASED	First	Middle	Last	4. OATE Month	Oay Year
-	(Type or print)	Mary		ones	DEATH NOV.	8 19 66
5.	SEX	6. COLOR OR RACE 7. MARRIEC	NEVER MARRIEO	B. DATE OF BIRTH	iast birthday) Mor	INOER 1 YEAR IF UNDER 24 HRS. hours Min.
	F	W WIDOWED		11/23/187	6 89 yrs.	nais days nours min
10 du	a. USUAL OCCUPA	TION (Give kind of work done 10b. I ling life, even If retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housev	vife (wn Home	Baltimo	re. Md.	U.S.A.
13	. FATHER'S NAM	1E		14. MOTHER'S MAIC		
	Ernest	W. Schultz		Fannie	Phillips	
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(1	es, no, or unkown)	(If yes give war or dates of service)	20-44-5016 Mr	M oroft n	. Graham, 530 M	Mundools Pd
=		DEATH [Enter only one cause per		S.OLAFA M	· Granan, 550 I	INTERVAL BETWEEN
	4	EATH WAS CAUSED BY:	Cerebral &	burgers has	·P	ONSET AND DEATH
	5.7.7	IMMEDIATE CAUSE (a)	Coarrow N	emorrhag	10	<u> </u>
	331X	OUE TO	(1-t-1)	, //		7/1
	Conditions, If gave rise to		Correscio	roses.		2100
	cause (a), s	OHETO	_ /			
_	underlying cau	se last.) (c)				
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIB	UTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED?
CA	2.6					YES NO
F	20a. ACCIDENT	WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	f injury In Part I or Part II of ite	em 18.)
CER	(IF EITHER, NO	WAS UNDERLYING 20b. ING CAUSE OF DEATH ITIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF	INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
20103	Hour a.	1 *******	Not while —	ry, street, office bidg., e	itc.)	
Σ		m. 19 at wor		1118 11-	11 Mained	
		fy that (I) (th is hospit al) attend		ANZ T,		1966, that (I) (we) last
		ceased alive on	1966 , and that	death occurred at		d on the date stated above. 2b. DATE SIGNED
	22a. STENATO	104	6	ATTENDING TO	MED. STAFF	1/19/66
	22c. PHYSICI.	where C. 1001	M. 0). PHYS. LT	DIRECTOR PHYS.	11/1/00
3	NAME (T	ype) Dr. Lawrence	e T. Post	10-1-	ork Road	
-						
23	 BURIAL, CREM REMOVAL (Sp 	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town	or county) (State)
T	itombmer	it 11/11/1966	Greenmount			Md
24 T	I. FUNERAL DIR		ADDRESS		C'D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
1	TOW O GITE		4905 York R	DATE N	IOV 9 1956 20	liantes Judge
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VR AI5 (4) 20M 1/65

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within 24 haurs after death. It any delay is	pencil in Item 18. Give Pages 1, 2, and 3 ta T	xaminer's Office alang with farm PM3. Page		ile pages Land 2 with the State Department af	ind in dry event within 72 haurs after death.
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. It say delay is	necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta	the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page	5 may be retained far yaur files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, Lan 2 with the State Department of	Health or its designated agent, priar to burial, crematian, or remaval, a

FOR STATE

1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY					
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 6 Mos.			c. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest tawn) Baltimore					
1	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in St. Jose	haspital, give street oddres XXXXXXXX DI S HOSPITA		d. STREET ADDRESS 1429 Limit	Ave.			ON A FARM?
3.	NAME OF DECEASED (Type or print)	Joseph First	Middl M•	Jo	rdan Lost	4. DATE OF DEATH	Manth 11/	6 Day	Year 19 66
S.	Male	Table 2 Am	MARRIED NEVER MA	ARRIED ORCEDS ETP	5/18/1881			ths Days	Hours Min.
10c	USUAL OCCUPATION POTICE	(Give kind of work done life, even if retired)	Railroad	OR	11. BIRTHPLACE (State Maryland			2. CITIZEN OF COUNTRY?	WHAT A.
13.	FATHER'S NAME	Septiment of the second			14. MOTHER'S MAIDEN				
	Parkei	r H. Jordan				M. Robins	on	100	
15. (Y	WAS DECEASED EVE ss. no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates of ser	vice) 16. SOCIAL SECURITY		nformant ara H. Mill	er, (Siste	Address r) 142	9 Limi	t Av .
	PART I. DEAT Conditions, if ony, rise to immediat stating the under last.	e couse (a),		nary	Oca,	Vsim			RVAL BETWEEN FT AND SEATH
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	T RELATED TO 1	THE TERMINAL DISEASE COI	NDITION GIVEN IN PAR	T 1(a)		WAS AUTOPSY PERFORMED? S NO
MEDICAL CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		20b. DESCRIBE HOW INJU	IRY OCCURRED.	(Enter nature of injury in	Part i ar Part li of ite	m 1B.)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While Nat While of work of work				CE OF INJURY (Hame, farm ary, street, office bldg., etc.		town)	(County)	(State)
21. I certify they I took charge of the remoins described above, held on Autopsy, Inspection, Inquiry, and in my opin deoth resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined monner, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, DEPUTY MEDICAL EXAMINER								in my opinion 2. DATE AGNED	
230	BURIAL, CREMATIC			cemetery or thedral	Cemetery	23d. LOCATION ((County) yland	(State)
	n. Cook-1	Brooks, Inc.	1217 St. APOSE		0.1	DV Q 198	25b. REGISTRA	R'S SIGNATUR	Judge

VR A15ME (5)

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	AND OTHER MAIN		671,00	- 14
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roser Chris	established to the		ASTERNATION OF THE PERSON OF T	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15298
CERTIFICATE OF DEATH
15297

	TONOG	OLIVIII IOATI	L OI PEATIT	101
1.	PLACE DF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence I	before admission)
	a. COUNTY	The Property of	a. STATE AA b. COUNTY	_ \
_	DANIMORE L	MARYLAND	OLTY OF TOUR US and de appearate limite purite PURAL and give	nearest town)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	/
	JONSON-Mai		BALTIMORE - Md. 21214	+
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	Ital, give street address)	d. STREET ADDRESS RALL 6.	IS RESIDENCE ON A FARM?
	math B.H as MI	1 Contra		100
9	Realer Datimore Medi	CADLENIER		S NO
3.	NAME OF DECEASED	Middle	Last 4. DATE Month Day	Year
	(Type or print) VICIORIN A	nne M.	ALEME DEATH 11 8	19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR I	
	F WIDOWED	DIVORCED	10-3-14 last birthday) Months Days	Hours Min.
100		D OF BUSINESS OR	1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EWHAT
		USTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O	r what
	Housewite		DALTIMORE-MID US	A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Valoriting (=1.00	lak !	monoway //arcella	7 .
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	167	MANY MANY MANY GAROBOW	ski -
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO s, no, or unknown) (If yes give war or dates of service) 7 6 4	CIAL SECURITYNO. 17.	INFORMANT Address dward	J.
	no tust	mood fax	Hamission shee Ralende	ck-same
	18. CAUSE DF BEATH [Enter only one cause per line	for (a), (b), and (c), 1	1 INTER	VAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	TERIASA	I EROTIC OADJUNIAROU A PINSE	T AND DEATH
	IMMEDIATE CAUSE (a)	1 EKC10 30	LEGOTO CHICOTO VASCUITA	
	4221 DUE TO	DIZEA	ISE /	111105
	Cenditions, If any, which (b)	VI-DIT	1	1/10
	gave rise to immediate (•
	cause (a), stating the			
Z	/ (0)	NC TO DEATH BUT NOT DELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTDPSY
CERTIFICATION	PARTITION ERSIGNIFICATIONS CONTRIBUTIONS	NG TO DEATH BOT NOT KEEN	ATTENDED TO THE PERSON OF THE	PERFORMED?
2	HTYPOTHY	COIDISM	YES	NO 🗌
E	2Da. ACCIDENT WAS UNDERLYING ☐ 20b. DES DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
15	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	1	URY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
9	Nous on		ory, street, office bldg., etc.)	(Gtate)
MEDICAL	p.m. 19 at work	at work	11. 1. 11/2 11	
	21. I certify that (I) (this hospital) attended	the deceased from	1906, to 10 , 1906, tha	t (I) (we) last
		19 00 , and that	at death occurred as 200M, from the causes and on the date	
13	saw the deceased alive on 110	19 LAZ_, allu tilat	22b. DATE SIGI	
	A. D. D. MIMIA	1		111
	puning 1.4 7 as face	M.D	D. PHYS. DIRECTOR PHYS.	/ 66.
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
	MAINE (1990)		Greater Baltimore Med. (ent	er
238		23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Spec)fy)	Halu Radaam	ner Cemetery Baltimore. Md.	
24	FUNERAL DIRECTOR	HOLY Kedeem ADDRESS	1 250 DECIS BY DECISTRAD 25h BECISTRAD'S SIGNA	TURE
24		4	1 1966 Thanks Ing	
-	Leonard J. Ruck Inc Ba	tumore, Illa	d. DATE	1
1			The state of the s	

VR AI5 (4) 20M 1/65

Resal sessi. DAH I moke NEW John Sent - Marie PALTIMORE Md. 21314 GREATER BATHMORE MELICIA CENTER SECS LEKICHMEL BALTIMORE-Md USA Housemile (Shodek ... Veh entine (We say 10) Liberta Tante nace mbA . mental ARTERIO SOLEROTIC CHROICHEOUNE HYPOTHYROIDISM at when I do the the thing LONG CONTRACTOR SANCTON

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5 CERTIFICATE OF DEATH funeral and 2 death. after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE by the f Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag hours .= 0 w 552 filled d. NAME OF HOSPLIAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? withi within completely pou-NAME DE Middle Last DATE Month Day O DECEASED OF remove carb n any event, 19 600 DEATH (Type or print) executed SEX 6. COLOR OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED birthday) Months Oavs Hours and WIDOWEO DIVORCED physician and physician please reservable = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) certificate be during mast of working life, even if retired) INOUSTRY COUNTRY? removal, FATHER'S NAME 14. MOTHER'S MAIOEN NAME Inding ph hau 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. the otten 17. INFORMAN Address death (If yes hive war or dates of service) been signed by the ett the burial-transit perm or to burial, cremation, c CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which (b) gave rise to immediate prior to **OUE TO** (a), stating underlying cause last. has 38 (c) WAS AUTOPSY CERTIFICATION 119. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 use PERFORMED? certificate the hospital or YES NO D for detached fo PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Id by Not While at work at work p.m retained 3 should with the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 3 A M. from the causes and on the date stated above. saw the deceased-alive 22a. SIGNATURE OATE SIGNED page ATTENOING **OIRECTOR** PHYS. M.O. PHYS. may HOSPITAL AOORESS TO FUNERAL director, p PHYSICIAN'S 22d. NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY Baltimore Entombment Md. orreine 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR some Roy H.W.Jenkins & Sons Co.4905 York Rd.

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15293 15300

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE N A R LAND. COUNTY	esidence before admission)
BALTIMORE MARYLAND	a. STATE NY ARY CANOB. COUNTY	/
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
TOWSON	BALTO.	30.4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
GREATER BALTO MED. CENTER	×	YES NO NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) MRS RUTH EVELYN	KANSLER DEATH NOV	23 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	last birthday) Months I	Days Hours Min.
F WIDOWED DIVORCED	11-25-94 71 yrs.	
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
LOCAMED NUDGING WAY NURSING		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
EDWARD MARTIN GLORWIS	FLORENCE BAIRED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, pr unkown) (If yes give war or dates of service)	INFORMANT Address	
218 28 2101 6	BON BRENT KANSLER	(SAME)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Cardia - Resh	j. Failure	OHOLI AND BEATH
1760 DUE TO		
Conditions, If any, which) (b) Careturna	of vulva with	
gave rise to Immediate cause (a), stating the DUE TO hulmonery me	Clotus	
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAI		YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIES OF THE	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
	OF OF INITIDY (Home form I got this on hours)	(Ctata)
	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bldg., etc.)	nty) (State)
p.m. 19 at work at work		
and the state of t	Oct 17, 1966, to NOT- 23, 196	
	death occurred at 4.30 M, from the causes and on the	
22a. SIGNATURE		ATE SIGNED
22c. PHYSICIAN'S M.D.		7 766
NAME (Type) DENIS CHAN	5 BMC.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
Burial 11/25/1966 Dulaney Valle	ev Mem.Grds. Timonium.	MA
24. FUNERAL DIRECTOR . ADDRESS	25a REC'D RY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
H.W.Jenkins & Sons Co. 4905 York Ro	DATE NOV 2 2 1000 MM.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

1/65 A15

23c. NAME OF CEMETERY OR CREMATORY

conkling St.

St.

21224

Stanislaus

Cem

23b. DATE THEREOF

11-25-66.

901 S. Balto.,

23d. LOCATION (City or Town)

(County)

6515 Boston St. Balto. 24Md

25b. REGISTRAR'S SIGNATURE

(Stote)

VR A15 (4) 20 M 1/66

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

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7 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15302 CERTIFICATE OF DEATH

15301

1. PLACE OF DE	ATH				2. USUAL RESIDENCE (Where dece	eosed lived, if institut		e before odm	ission)
	BALTIMORE	o Paid	MARYLAN		o. STATE MAI	RYLAN	ID B. COOL	NII	-	i/
b. CITY OR TO write RUR	OWN (If outside corporate limi AL and give nearest town)	ts,	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If or	tside corpo	orate limits, write RUI	RAL ond give	neorest town	1)
FOR	HOWARD		7 DAYS		BALTIM	ORE			30-	
	IOSPITAL OR INSTITUTION (If r			100	d. STREET ADDRESS		0.000		e. IS R	ESIDENCE A FARM?
	RANS ADMINISTI	RATION .	HOSPITAL		939 N. DAI	LLAS	STREET			NO P
3. NAME OF DECEASED		irst	Middle	יד או	Lost	4. DATE			Day	Year
(Type or prin	7	MALLII	MC KENLEY	1	EENE	DEAT		I IF UNDER 1		19 66 IDER 24 HRS.
MALE	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	FALL 1	3. DATE OF BIRTH 10/5/96	70	9. AGE (In years lost birthdoy)		Doys Hou	
	PATION (Give kind of work done orking life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or	foreign country)		ZEN OF WHA	T
LABORE			EEL		MARYLA	ND		Į Č	J.S.A.	4-1-5
13. FATHER'S N. JOHN	KEENE				14. MOTHER'S MAIDEN MARTHA		MKNOWN			a.c.
IS. WAS DECEAS	ED EVER IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess		-61 133
YES YES	own) (If yes give wor or dotes	of service) 2	13 07 22 70	C	LIN. RECORDS	, VA	HOSPITAL,	FT HO		
	OF DEATH (Enter only one co I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	BR	(o), (b), ond (c).) ONCHOPNEUMO	NIA				7	INTERVAL ONSEL AN RECE	
3.	2 3 5 5 7	TO								
Conditions,	if ony, which gove	(b) CE	REBRAL EDEM	A				75.55	RECE	NT
	ediote couse (o), underlying couse	TO					135 15			
last.)	(c)								
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE COI	NDITION GI	IVEN IN PART 1(o)		19. WAS	AUTOPSY ORMED?
MULL.	TIPLE MYELOMA	, PROBA	BLE. BENIG	N Pl	ROSTATIC HY	PERTE	ROPHY		YES	
OR CONTRIB	NT WAS UNDERLYING ☐ UTING ☐ CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in	Port I or P	Port II of item 18.)			
₹ 20c. TIME (OF INJURY Month, Doy, Yeor our o.m. p.m. 19	20d. II While of worl	Alex Milelle		E OF INJURY (Home, form ory, street, office bldg., etc.)		. (City or town)	(Cour	nty)	(Stote)
21 1	certify that (t):(this ho	spital) atten	ded the deceased fro	am I	0/25/66	9	to 11/1/6	6 19	that 39) (we) last
saw t	he deceased glive an_	11/1/66	19, and	d that	death accurred of	11:50	From causes	and on th	e date sto	ted obove.
22o. SIGN	ATURE Ocher	1	wan	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		TE SIGNED	6
22c. PHYS	CIAN'S (Type) PETER V	. JUVAN	, M. D.		22d. ADDRESS		ARD, MARYI	AND		
230. BURIAL, CRI REMOVAL (1		IEREOF/11	23c. NAME OF CEMETER				LOCATION (City or To	,	County)	(Stote)
24. FUNERAL D		1.100	ADDRESS	RE.	NATIONAL 250 PECI	D BY REGIS	BALTIMORE,	GISTRAR'S SIG		
Z4. FUNEKAL U	KECTOR	1		WI			10ME1966		rles y	edge.
			1701 N. P.	and	CH TO THE	O V J	Milliand	1		-

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10531					3/1867
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1:	5303	CERTIFICATE	OF DEATH		15302
1. PLACE a. COL	of death INTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary	Where deceosed lived, if institution: Land b. COUNTY	Residence before admission) Baltimore
141)	OR TOWN (If outside corporate limits, te RURAL and give nearest town) Wall Baltimore	c. LENGTH OF STAY IN 16		itside corporote limits, write RURAL of Baltimore	and give nearest town)
d. NAM	AE OF HOSPITAL OR INSTITUTION (If not in h 8506 (hestnut	ospitol, give street oddress) Oak Rd.	d. STREET ADDRESS 8506	Chestrut Oak	Rd. e. IS RESIDENCE ON A FARM? YES NO 🔀
1 / 1	SED Willia		ler	4. DATE Month OF DEATH November	
s. SEX Ma	le White w	IDOWED DIVORCED	ec. 7, 18	97. Cashbirthdoy) Mo	UNDER 1 YEAR IF UNDER 24 HRS. anths Days Hours Min.
during mo	L OCCUPATION (Give kind of work dane skaf working life; even if retired) Line de Marie (arrice	10b. KIND OF BUSINESS OR INDUSTRY	Mar	& Stote, ar foreign country) yland	12. CITIZEN OF WHAT COUNTRY?
	ER'S NAME	Keller	14. MOTHER'S MAIDEN	Ellen Kell	er
1S. WAS (Yes, no.	DECEASED EVER IN U.S. ARMED FORCES? or unknown) (If yes give wor ar dotes of serv		s. Alice	V. Keller Address	(Same)
18.	CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).) My or	arley la	faretra	INTERVAL BETWEEN ONSET AND DEATH
rise t	DUE TO (b) or immediate cause (a), and the underlying cause (b). (c)	Consequel	arteres!	ulennin	5 year
PART	II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR C	ACCIDENT WAS UNDERLYING □ ONTRIBUTING □ CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Port II of item 18.)	
WEDICAL 20c.	TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Hame, form ary, street, affice bldg., etc.)		(Caunty) (State)
	21. I certify that (I) (this haspital saw the deceased alive an) attended the deceased fram	t death accurred at	bus PM, fram causes and	
	SIGNATURE PHYSICIAN'S	rand M.	D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR PHYS.	22b. DATE SIGNED
	NAME (Type) C. Michar	d Fravel	705	med Arts B	allimore hop
REN	MAL, CREMATION, 123b. DATE THEREOF 10VAL (Specify) 11/9/66.	23c. NAME OF CEMETERY OR of Moreland Me	em. Cemete		
/	eral director	Balto Md. 21		NOV Q 1966	Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please searone carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

15302 SHEGI

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item Film 15304 OF DEATH death, executed within 24 haurs after death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND c. LENGTH OF STAY IN 16 (If autside corporate haurs LTIMO d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL (If nat in hospital, give street and in any event, within 72 10 NO P upq. 3. NAME OF First DATE Month Doy Year campletely DECEASED (Type or print) OF 19 66 DEATH car AGE S. SFX DATE OF BIRTH (In years IF UNDER 1 YEAR IF UNDER 24 HRS OR RACE 7. MARRIED NEVER MARRIED remave 86 birthday) Months Hours WIDOWED DIVORCED and 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) ATTENDING PHYSICIAN: The law requires that the death certificate be please during most af warking life, even if retired) USA COUNTRY? INDUSTRY physician Baltimore Elevator Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOVE Trem Unk attending 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Mrs. Conrad Gebelein 3108 Grindon signed by the attendi burial-transit permit. (Yes, no, or unknown) (If yes give war or dates af service Ave. # INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse the priorta TO FUNERAL DIRECTOR: After this certificate has been last. OS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached far use State Dept. af Health NO 20a. ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) factory, street, affice bldg., etc.) Haur o.m. Nat While at wark 21. I certify that (1) (this hospital) ottended the deceased from directar, page 3 shauld shauld be filed with the and that death accurred at 10.40 M, from couses and on the date stated above. saw the deceased alive o 22b. DATE SIGNED 22a. SIGNATURE MED. ATTENDING STAFF DIRECTOR PHYS. 22d **ADD RESS** 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial (Specify) 11-15-66 Baltimore, Maryland Loar aine Cemetery 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66 4600 Liberty Hghts. Avenue DATE

15504 15383 No or the state of STATES GROVE STOTE HOSPIEL SELFFICIELDS MITTIN KETTIN 12-19-1879 87 Hosp Records Myocardial Infarct 11-12 LL 11-8 1644pp telest taring more NARCHOW CARMONER Spring Grove State How Soll

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15305	CERTIFICATI	E OF DEATH	15304
I. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institute a. STATE Maryland	NTY B altimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Rural - Hampstea	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RU Rural-Hampstead	03.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Grace Road 3. NAME OF First	Middle	lost 4. DATE Mon	YES X NO
(Type ar print) EDN A	BEULAH	KEMP OF MEATH MOVE	1BER 13 1966
D	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 1, 1886 9. AGE (In years lost birthday) yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) HOUSEWITE 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar foreign cauntry) Maryland 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY? USA
Benjamin Nash		Rosa Ensor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT Addr	ess
(Yes, na, ar unknawn) (If yes give war ar dates af serv	220-34-6663 I	Mr. Archibald Kemp, Ha	mpstead, Md.
18. CAUSE OF DEATH (Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Thrombons	INTERVAL BETWEEN ONSET AND DEATH
4221 DUE TO Canditians, if any, which gave (b)	Cerebral (arterio ochrois	540.
rise ta immediate cause (a), stating the underlying cause last. DUE TO (c)	arterio Sch	ratio C-V. Disene	1042
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
SOG. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m.		ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	(Caunty) (State)
Saw The deceased diffe dif	attended the deceased fram	at death accurred at 155 M, fram causes	
220. SIGNATURE Maurie C. Ca	sterful M	D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED 11-15-66
22c. PHYSICIAN'S NAME (Type) M.C.Porterfi	eld 0	22d. ADDRESS Hampstead, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11/16/66	23c. NAME OF CEMETERY OR Grace Ceme		
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE
Tipton-Eline Fun. H	Home, Hampstead	, Md. DATE NOV 2 1 1966	Milayles Julas

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, adding any event, within 72 hours ofter death.

> VR A15 (4) 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND 205
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	osidence hefore admission)
a. COUNTY BALTIMORE	- CTATE L COUNTY	FIMORE
b. CITY OR TOWN (If outside corporate limits, c. LENGTH CF STAY IN 1b		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	CATONSVILLE	03/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE
8015 YORK RD.	136 CHERRY DELL RD.	ON A FARM?
3. NAME DF First Middle	Last 4. DATE Month	Day Year
(Type or print) DECEASED (Type or print) MARY K.	DEATH NOV.	1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1899 9. AGE (In years IF UNDER 1 last birthday) Months	YEAR IF UNDER 24 HRS
€ WIDOWED DIVORCED	yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	CO	TIZEN OF WHAT UNTRY?
STENOGRAPHER OIL	Dublin DIreland US	A
WILLIAM J. KEOGN	14. MOTHER'S MAIDEN NAME	,
	BRIDGET LYNCH Address	
(Yes, no, or unkown) (If yes give war or dates of service) > 16-03-0626	ALVIN KEDG N-4728 DAKTFU	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	AFTIF REOCK -4121 DISKIFO	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: COO STORY ACC	LUSION-MYOCARDIAL	ONSET AND DEATH
1/201	INFARCTION	IOMIN.
Conditions, If any, which (b)	Madde 11014	
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATHEROSCHEROTIC CV DISEA	ISE - SEVERE MYOCARDIAL DAMAG	YES NO NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL ATHEROSCLEROTIC CV DISEA 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
		401-1-1
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. p.m. 19 at work at work	ACE OF INJURY (Home, farm, lory, street, office bldg., etc.) (Clty or town) (Courtory, street, office bldg., etc.)	nty) (State)
	MON II I'm North I	
21. I certify that (I) (this hospital) attended the deceased from	MAY 16, 1963, to NOVZ4, 1960	that (I) (we) last
saw the deceased alive on 1900, and the	at death occurred at 5.30 p.M. from the causes and on th	IE GATE STATEG ADOVE. ATE SIGNED
Hay I Valand on	D. PHYS. DIRECTOR PHYS. DIVON.	75 1966
22c. PHYSICMN'S	22d. ADDRESS	
NAME (Type) JOHN F. SCHAEFER MI	D 401 RANDOM RDBALTO.MD	, 21229
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		nty) (State)
Breeze 11-IX-66 (Vatto	al Cam. Brits.	THE.
24 FUNERAL DIRECTOR ADDRESS Tolky-Chanses Ht. Cotonielle To	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	s SIGNATURE
In warrings IN. colonielle, 19	nd, DATE NOV 30 1966 folia	Land Care

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15307 CERTIFICATE OF DEATH
15306

1. PLACE OF OEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Baltimore 2/204	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Towson 6 hours	Edgemere 03./
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 6. IS RESIDENCE
Greater Baltimore Medical Center	72 13 North Point Rd. VES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) Elsie Jane	Kerr DEATH 11 = 5-1966
	B. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
F W WIDOWED DIVORCED	8-02-09 last birthday) Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired)	COUNTRY?
	Washington, Ta. I USA
13. FATHER'S TAME	14. MOTHER'S MAIDEN NAME
Plartin herr	Showers, Ida Mae
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 2 98 -03-0485	Tatient (same as above)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	rest De Me To
IMMEDIATE CAUSE (a) COLOR OF	- Tuyon ag
Conditions, If any, which \ DUE TO	1.00.
gave rise to immediate (b)	premona
cause (a), stating the DUE TO	* * 1 00 A .
underlying cause last. (c) Not Comp	will their during
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI HOUR a.m. While At work at work at work	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ZDA. ACCIDENT WAS UNDERLYING OF DEATH	IRREO. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. at work at work	ry, street, office bldg., etc.)
	1/20 201/1 Male 201/ Hat M to 1 last
21. I certify that (M (this hospital) attended the deceased from_/	Total to the last the
	death occurred at // 26 AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENOING MED. STAFF
1 Traol M.D	
22c. PHYSICIAN'S E.A.GEDOSH	22d. ADDRESS
MANUAL E. A. GEDODII	Greater Baltimore Medical Center
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial Nov. 8-1966 Meadowridge	Memorial Dorsey, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JOHN J. DUDA Bandally Manager	DATE NOV 10 1866 Scharles Judge
JOHN J. DUDA, Dundalk, Maryland 21222	DATE 100 10 1000 1000 1000

VR AI5 (4) 20M 1/65

4.5 entres Inches eroriales estres. in I. or. alies ories ories, and I in

John J. Hills, Danishing Confront 21.000

1 1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidence batore edmission
/	Baltimore MARYLAND	•. STATE Baltimore
	b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town) Reisterstown one month	Reisterstown
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	d. STREET ADDRESS e. IS RESIDENC
1	407 Homevale Court	407 Homevale Court ON A FARM
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	OECEASED (Type or print) Thomas Joseph	Kerr DEATH November 14, 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF 8IRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED]	Nov. 22, 1913 52 yrs. Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY
	Retired - U. S. Army Officer	Baltimore, Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edward A. Kerr	Anna M. McGinity
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 185, no, or unknown) (Ifyasgiva waror datasof service)	INFORMANT Address 38 Main St.
	Yes WW II - Korea 218-10-3446	Mrs. G. Bobert, Lynch, Reisterstown, M
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	INTERVAL BETWEEN OMSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary	Momorie . 15 min
	DUE TO Character	1-+ 0 - 11
	Conditions, if any, which) (b) Myo Docho	who becompensed, - you
	gave rise to immadiata cause	
	(a), stating the underlying DUE 70	sa merculosis
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED SO THE TRANSACTISE ASE CONDITION GIVEN IN PART ((a)) 19. WAS AUTOPS
101	TAKE III. OTHER STORMES CONTINUES CO	PERFORMED!
10 Y		YES NO
CERTII	OR CONTRIBUTING CAUSE OF DEATH). (Enter nature of injury in Part of Part II of itam 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. While Not While	CE OF INJURY (Homa, farm, 201. (City or town) (County) (Stata) lory, streat, office bldg., ac.)
ME	p.m. 19 at work et work	
104	21. I certify that (this hospital) attended the deceased from	//- /4 - 69 (2) to //- / 4 - , 10 5 that (I) (we) la
	saw the decease attraction on property and that	death occurred at M, from the causes and on the date stated above
	22e. SIGNATURE	22b. DATE
	Layer Laker w	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGN
100	22c. PHYSICIAN'S	22d. ADDRESS
	MANE ITAMES 5- D2-1-12/1	New les lown Md.
230	BURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
434	REMOVAL (Spacify)	ral Cemetery Baltimore, Md.
-	2022.02 (22)21/	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A S S S OWINGS MILLS	Md Nov
/	A. J. Zehhard WILLS MILLS	DATE NUV 17 1966 Charles Judge
		9 0 0

AND THE REAL PROPERTY. were the deposit of the sales Manual Co., 4013 - 52 The throng was a second and as ignited. If a rith SERVICE THE THE PROPERTY OF SERVICE STATE OF SERVICE S The man of the sale of the sale with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending onystein and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then been seen carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death 2

VR AJ5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5309
CERTIFICATE OF DEATH

20000		000
1. PLACE OF DEATH a. COUNTY Politimore	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE Monard and b. COUNTY	esidence before admission)
Baltimore MARYLAND	a. STATE Maryland B. COUNTY	V
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Owings Mills		and give nearest town)
l D Vrs.	Baltimore	30.9
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	O. IS RESIDENCE ON A FARM?
Rosewood State Hospital	1613 West Lexington St	• YES NO X
3. NAME OF First Middle DECEASED (Type or print) Leonard	Last 4. DATE Month OF LAST LAST LAST LAST LAST LAST LAST LAST	29 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
Male Negro WIDOWED DIVORCED	11-19-50 16 yrs. """	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
Dependent none	Baltimore, Maryland	U.S.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
unknown	Rosa Lee King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	7. INFORMANT Address	
	D	Ma
	Rosewood Records, Owings Mills,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumonia		DA4
11924		
Conditions, if any, which		
gave rise to Immediate (b)		
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RI	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
MILROCEPHALY		YES NO
	CURRED. (Enter nature of Injury In Part I or Part II of Item 18)
		-A-A (04-4-a)
9 fa	LACE OF INJURY (Home, farm, 20f. (City or town) (Cou ctory, street, office bidg., etc.)	inty) (State)
Hour a.m. While Not While at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21. I certify that NV (this hospital) attended the deceased from_	7/14 , 1960, to 1//29, 196	6, that (1)-(we) last
	hat death occurred at 9 PM, from the causes and on t	
22a. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
Mulyo freve	M.D. PHYS. DIRECTOR PHYS.	1149/66
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Philip Zieve, M.D.	Rosewood State Hosp., Owings	Mills, Md.
DEMOVAL (Specify)	6	1 40.
BURINI 12/5/66 Rosewood		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
V. F. ELINES Sons / Teislerstown	Mcl DATEDEC 7 1966 gallery	es judge
	1 DAILES IN V	4-4

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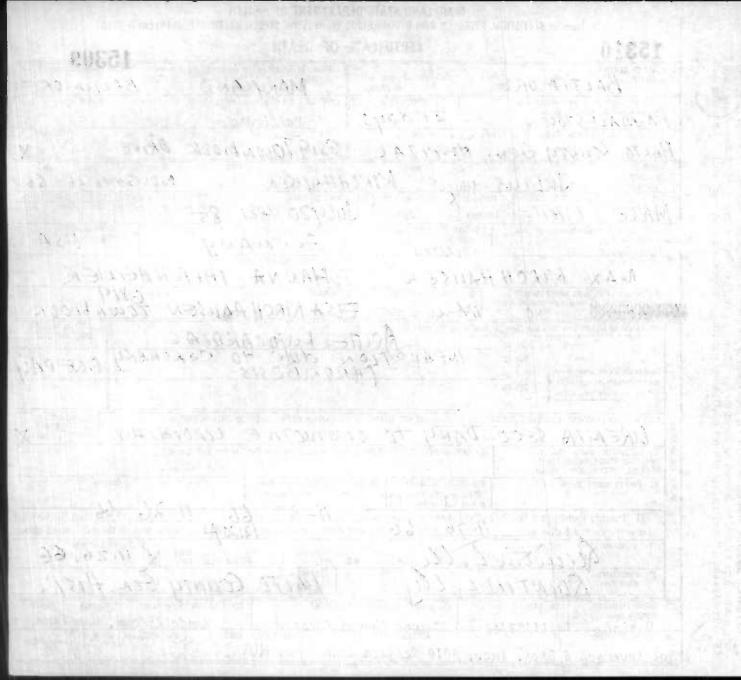
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2.		15310	CERTIFICATE	OF DEATH	15	200
funeral funeral and 2		PLACE OF DEATH		2. USUAL RESIDENCE (Where decens	sed lived, if institution: Residence	e before odmission)
tune /		O. COUNTY BALTIMORE	MARYLAND	O. STATEMARYCAN	D BAC	TIMORE
offer after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corpore	ote limits, write RURAL and give	neorest town)
by P	17	CANDALLS TOWN	21 0245	Baltimore		03-1
n 24 haur illed in by papers. P iin 72 hauf	1	d. NAME OF HOSPITAL DR INSTITUTION (If not in hos		6819 TOWN Dre	ook DRIVE	e. IS RESIDENCE DN A FARM?
filled in papers. thin 72 ha		BALTO, COUNTY GEN. NAME DE FIRST	HOSPITAL Middle	Lost 4. DATE	Month	Dov Year
ed within 24 haurs oletely filled in by t carbon papers. P ent, within 72 haurs		DECEASED	Vion	HHAUSEN OF DEATH	AIDIT A	
ole calle	-	(Type or print) SEX 6. CDLOR DR RACE 7. MA	111000	DATE DE RIDTH	AGE (In years IF (INDER)	YEAR IF UNDER 24 HRS.
executed and cample remave ca	1/	MALE WHITE WID	OWED DIVORCED	46420 1881	Plost birthdoy) Months yrs.	Doys Hours Min.
			10b. KIND DF BUSINESS DR	11. BIRTHPLACE (County & Stote, or fo		ZEN DE WHAT JNTRY? / DC A
te b	dur	ing most of working life, even, if retired) Menchant	Retired	GERMAN	9	COH
physician physician over phase over phase	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	hop-were	150
ling pl	_	MAX KIRCHA	AUSEN ,	TOFANNA 1	APPEN HEIL	1ER
the death certificate be e attending physician or t permit. Then phose r ation, ar removel, and in	N A S	WAS DECEASED EVER IN U.S. ARMED FD RCES?	16. SOCIAL SECURITY ND. 17. II	NFDRMANT 7SA KIRCH AA	Address 6 %	Losak
affendi permit. an, ar r	100	IB. CAUSE DF DEATH (Enter only one couse per I		TON MICH HA	USON (OLO.	INTERVAL BETWEEN
that th an. by the ransit p		PART I. DEATH WAS CAUSED BY:	and for (o), (b), ond (c).) ACCIT	= MYOCARD	MAL	DNSET AND DEATH
s that t cian. d by the -transit , cremat		IMMEDIATE CAUSE (o)	INFARCTION	I dille to	CORONARY	01501.
alale si e		Conditions, if ony, which gove) (b)	7#	ROMBOSIS		ONEDAY
requii ng phy n sign e buri a buri		rise to immediate couse (o), Stating the underlying couse DUE TD				
¥ip e tr		last. (c)			^	The Was All To DSV
atten atten has b e as h pric	No	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBU			ERD PATHY	19. WAS AUTDPSY PERFORMED?
AN: The sale or a sicate he was the sale of the sale o	CERTIFICATION		JOARY TO OL 20b. DESCRIBE HOW INJURY OCCURRED. I			YES ND
## ## T	ERTIF	DR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port 1 or Po	n ir or nem 10.)	
s PHYSIC the haspi this cert detached e Dept. a		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Doy, Yeor	20d. INJURY DCCURRED 20e. PLAC	E DF INJURY (Home, form, 20f.	(City or town) (Cour	inty) (Stote)
the this determine De	MEDICAL	Hour o.m. p.m.	While of work Not While of work	ory, street, office bldg., etc.)		
by After Stal		21. I certify that (1) (this haspital)	attended the deceased fram	11-5,1966,	ta 11.26, 196	that (1) (we) last
R: / R: /		saw the deceased alive an	11-76 1966 and that	death accurred at 121257	fram causes and an th	ne date stated abave.
ECTC Showith		220. SIGNATURE	111.	ATTENDING MED.		Z6, 86
TAL OR AL DIR page 3 e filed		22c. PHYSICIAN'S 6	Lilly M.E	PHYS. DIRECTOR	PHYS.	20,00
RAL RAL Pod be fi		NAME (Type) SULVIV	L, lly	BALTO, 60	LINTY GEN.	HOSP,
ro Hospital o Page 4 may be to Funeral Di director, page shauld be filee	230	D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LE	, , , ,	(County) (Stote)
Page O Fun direct shaul		REMOVAL (Specify) Burial Funeral Director Removal (Specify)	Cheura Ahava	s Chessed	Randalls town,	Maryland
VR A15 (4)				110110	RAR 25b. REGISTRAR'S SIG	GNATURE Judge
20 M 1/66	US	of Levinson & Bros. Inc	c. 6010 Reisterst	town DATE NOV 2	0 1000	0



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR STATE		15311 MEDICAL EXAMINER'S		10
ALTH DEPI.		PLACE OF DEATH I. COUNTY BALTO MARYLAND		ALTO
ges 1, 2, and 3 to form PM3. Page at Department of hours after death		o. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)		03.1
form form		1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 364 NICHOLSON RD.	d STREET ADDRESS 364 NICHOLSON RD	e. IS RESIDENCE ON A FARM? YES NO
8. Give Pages 1, along with form with the State De within 72 hours		NAME OF DECEASED Type or print) CHARLES KOMORO SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.		Day Year 2-2 19-6-6 YEAR IF UNDER 24 HRS
nours att		THE THE MARKIED	MAY 10, 19/1 55 yrs. Months	Days Haurs Min.
within 24 hours pencil in Item 18 xominer's Office ile pages and and in one event	dur	ng mast af warking life, even if retired) NDETECTIVE FATHER'S NAME	M D COL	INTRY?
		KONSTANTIOS KOMOROWSKI	VFORMANT Address	
e executeo 'pending'' i ef Medicol isit permit. r removal,	(Ye	s. na. ar unknawn) ((If yes give war ar dates of service)	VIFE ABOVE	INTERVAL BETWEEN
This certificate should be executed within 24 icote, writing the word "pending" in pencil in be forworded to the Chief Medicol Exominer's d be used os o burial-transit permit. File pages or to burial, cremation, or removal, and in one		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	ISEASD	ONSET AND DEATH
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	.,	19. WAS AUTOPSY PERFORMED? YES NO
ould price	AL CERTIFI	CAUSE OF DEATH.	Enter nature of injury in Part I or Port II af item 18.)	
	MEDICAL	Hour o.m. 19 While Not While of work foctor	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	
pleose direct retaine DIRECT STREET		ACTUAL MBS MVS	de , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
necessory, the funeral 5 moy be 1 TO FUNERAL Health or i	230	EXAMINER'S NAME (Type) M. B. DAVIS BURIAL, CREMATION, REMOVAL (Specify) 11/25/66 6ARDENS 0	Address (Street, city, tawn, ar county) MOKNIFG 187	(County) (State)
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAR'S	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any awant, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
15312	CERTIFICATE OF DEATH	15311

						U-3
PLACE DF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDEN		L COLINTY	Residence before admission) 1timore
Dundal		c. LENGTH OF STAY IN 1b	c. city or town (i	f outside corporat	e ilmits, write RURAL	end give nearest town)
d. NAME OF HOS	PITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	S		e. IS RESIDENCE
27 Portsh	nip Road		1789 Brook	tview 21	222	ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	First John	Middle M•	Krahm	4. DATE OF DEATH	November November	Day Year 19 66
5. SEX	6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH	las	birthday) Months I	Days Hours Min.
Da. USUAL OCCUPATI during most of working Foreman,	ION (Give kind of work done ng life, even if retired) Intercoasta	IND OF BUSINESS OR NDUSTRY	Marylar			ITIZEN OF WHAT OUNTRY?
13. FATHER'S NAMI	E		14. MOTHER'S MAI	DEN NAME		
	Henry M. Krahn		Ca	therine l	Graning	
	(If yes give war or dates of service)		informant other. Mr.	Frank Kra		. Helena Ave
18. CAUSE DF	DEATH [Enter only one cause per I					I INTERVAL BETWEEN
	ATH WAS CAUSED BY:	+: (ONSET AND DEATH
E810	IMMEDIATE CAUSE (a)	parke Con	VA			3 days
3010	DUE TO	10 10	1	01.10	. 1	11/ 1/-
Conditions, if a		rhosis of he	uver,	advar	led	1/2 year
cause (a), st		U				V
underlying cause						
PART II. OTHER S	IGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO
□ OR CONTRIBUTION □ □ □ □ □ □ □ □ □ □ □ □	WAS UNDERLYING 2Db. I NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature	of Injury In Part I	or Part II of Item 18	
		NJURY OCCURRED 20e. PLA	CE OF INJURY (Home,	farm, 20f. (City	or town) (Co	unty) (State)
20c. TIME OF 1 Hour a.m	1. While	Not While factor	ry, street, office bldg.,	etc.)	or town) (oo	unty) (otato)
21. I certify	y that (I) (this hospital) attend	ed the deceased from C)cf	1965 to N	OV 7 , 196	6, that (I) (we) last
	ceased alive on Nov. 6	1966 and tha	t death occurred at	5 4 M. from 1	he causes and on t	the date stated above.
22a. SIGNATUR		110-		71 "		DATE SIGNED
	XHANNINA.	Holpman	ATTENDING TO	MED. DIRECTOR	STAFF DHYS.	Nov. 7-1966
22c. PHYSICIA	N'S	G G WILL	1 22d. ADDRESS	DIRECTOR	гитэ.	1-1700
NAME (Ty		pira / M.D.		dar Lane,	Dundalk, 1	Md. 21222
23a. BURIAL, CREM.	clfv)	23c. NAME OF CEMETER		23d. LOCAT	ON (City, town or co	ounty) (State)
Burial (Spe	11010	Meadowridge	Memorial	Dorse	y, Marylan	đ
24. FUNERAL DIRE		ADDRESS	25a. R	EC'D BY REGISTRA	R 25b. REGISTRAR	'S SIGNATURE
JOHN J.	DUDA, Dundalk, M	laryland 21222	DATE	10V 1 0 19	366 Schon	rles Judge
(=					#	-00

VR A15 (4) 15M 4-64

emeiding Hospital	A		erost "	
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Total J. Dick, Dickley, Long-nd 22222

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15313 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPAR PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Baltimore o STATE b. COUNTY Martland PM3. Page depth. MARYLAND delay c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) ofter Towson owson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS form hours 7906 Nillendale Road #34 7620 York Rond ate Joseph Hospital hours ofter deoth. along with 3. NAME OF Middle Lost 4. DATE Month 5 DECEASED Lacroid November (Type or print) DEATH within Marv B. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED birthdoy) 3/4/04 WIDDWED DIVORCED Office (event CV pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY 24 Edgwood Richmond Va. dny Civil Service Ret. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within William W. Archer Blanche V. Archer OK puo 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Chief Medical permit. (Yes, no, or unknown) [(If yes give wor or dates of service removol Tr Joseph L. Lacroix 7908 Hillendale No 18. CAUSE DF DEATH (Enter only one couse per line for (a)=(b), and (c) burial-transit PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) This certificate should writing the word cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUF TO 0 stoting the underlying couse be forworded 05 buriol, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) prior 3 should PRIMARY Or CONTRIBUTING 4 should CAUSE DE DEATH ogent, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m foctory, street, office bldg., etc.) Page of work ot work designoted 21. I certify that Ltook charge of the remains described above, held an Autopsy ... Inspection 7 Inquiry the funerol director. death resulted from: Notural couses Accident Suicide 1 Homicide Undetermined manner pleose CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE moy be re FUNERAL 5 moy be 10 FUNERAL Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Charles F. O'Donnell, M.D. Address (Street, city, town, or county) 23o. BURIAL CREMATION. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)

VR A15ME (5)

Parkwood Cemeterv

2So. REC'D BY REGISTRAR

Baltimore

(County)

Baltimore

IF LINDER LY, AR

Dovs

12. CITIZEN OF WHAT

COUNTRY?

Months

e. IS RESIDENCE ON A FARM?

NO CX

Year

IF LINDER 24 HRS

U.S.A.

WAS AUTOPSY PERFORMED?

and in my opinion

(Stote)

Hours

19 66

2Sb. REGISTRAR'S SIGNATURE 1966

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages a should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

1531			CERTIFICATE		il, patimont, manta	15	313
PLACE OF DEATH O. COUNTY	BALTIM	ORE	MARYLAND	2. USUAL RESIDENCE (o. STATE MARYLA	Where deceosed lived, if institution b. COUNTY	: Residence be	fore odmission)
b. CITY OR TOWN FORT HOW	(If outside corporate limits, and give nearest town) ARD MARYLAN	D	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporote limits, write RURAL	ond give neon	rest town)
d. NAME OF HOSPI	TAL OR INSTITUTION (IF not S ADMINISTRA	in hospitol, g	ive street oddress)	d. STREET ADDRESS	HETCHES A VINITE		e. IS RESIDENCE ON A FARM?
3. NAME OF	First		Middle	Lost	HEIGHTS AVENUE 4. DATE Month	D	YES NO Pear
DECEASED (Type or print) S. SEX	DORSE 6. COLOR OR RACE		CLYDE NEVER MARRIED 8	LA KE		IF UNDER 1 YEAR	
MALE	WHITE N (Give kind of work done	WIDOWED	DIVORCED DIVORCED DIVORCED	10-27-22	Stote, or foreign country)	Months Doy:	
during most of working	g life, even if retired)	IN RI	DUSTRY ESTURANT		W. VA.	COUNTR	Υ?
13. FATHER'S NAME WA LTER	W. LAKE			JENNIE (Unknown)		
15 WAS DECEASED FV	ER IN U.S. ARMED FORCES? (If yes give war or dotes of	(arvica)		NFORMANT INICAL RECO	VA HOSPE		RYLAND
	DEATH (Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		(o), (b), ond (c).) PULMONARY EDEM	IA.			INTERVAL BETWEEN
332 Conditions, if on	DUE TO	0	INFARCTION OF E	BRA IN		I	DAYS
rise to immedio stating the undi lost.		CDT.	ROMBOSIS OF RI	GHT CAROTII	ARTERIES	1	MYS
PART II. OTHER S	GIGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	1	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)	-	
20c. TIME OF INJ Hour o	JURY Month, Doy, Yeor	20d. IN While		E OF INJURY (Home, form ory, street, office bldg., etc.		(County)	(Stote)
21. I cert	ify that (1) (this hosp	ital) attend	ded the deceased fram	NOV 2	19 66 , to NOV 6	, 19 <u>.66</u> ,	that (# (we)
220. SIGNATURE	MAD	hant.	nikar mo	ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DATE SI 11-6-	IGNED
22c. PHYSICIAN NAME (Type	3		PURKAR, M.D.	VA HOSP	TAL, FORT HOWAR	D, MAF	RYLAND
230. BURIAL, CREMATI REMOVAL (Specif	the state of the s		23c. NAME OF CEMETERY OR CEMET		23d. LOCATION (City or Town BA LT TMORE		nty) (Stote)
	OR ROBERT C.	ALTENE		25o. REC'	D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNAT	

15313				4. A.				
				BANE ST AT				
		ALTERNATE T	Tar d	. 1				
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20 9000		- manage
F HE	OR ST	ATEM DEPT.
24 haurs after death. If any delay is	Lin Item 18. Give Pages 1, 2, and 3 ta er Office alang with farm PM3. Page	ges land2 with the State Department of any event within 72 hours after death
DEPUTY DESTLAY EXAMINER: This certificate should be executed within	necessary, please execute the certificate, writing the word "pending" in pending in Item 18. Give Pages 1, 2, and 3 ta TNO the funeral director. Page 4 shauld be farwarded to the Chief Medical Exerciper. Office along with farm PM3. Page HS may be retained for your files.	O FUNERAL DIRECTOR: You must be used as a burial-transit permit. File pages land 2 with the State Department of Health ar its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death.

-	15315		MED	ICAL EXAMINE	R'S	CERTIFIC	ATE OF	DEATH	15	314		
	LACE OF DEATH	-						here deceosed lived, if inst	tution: Residen	nce before odm		
0	COUNTY Bal	timore		MARYLA	ND	a. STATE Maryland b. COUNTY Baltimore						
Ь		f outside corporate limit	ts,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		l give negrest town) .da1k		13 Yrs.		Dundalk 13./						
d		AL OR INSTITUTION (If n				d. STREET A	DDRESS			e. IS F	RESIDENCE A FARM?	
	394	8 Old Nort	h Point	Road		3948	Old No	orth Point R	oad	YES [NO X	
3. NAME OF First Middle						Lost		OF	onth	Doy	Year	
	FCEASED Type or print)	MA	RGARET	A .		LAUBA	CH	OF NOV	ember	2	19 66	
S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BII		9. AGE (In years lost birthdoy)	IF UNDER Months	Doys Hou	NDER 24 HRS. urs Min,	
F	emale	White	WIDOWED	DIVORCED		3/21/		45 Yrs				
10a. durin	USUAL OCCUPATION ng most of working Hous	(Give kind of work done life, even if retired) ewire		ND OF BUSINESS OR DUSTRY		1	LACE (Stote o	r foreign country)	12. CI1 CO	TIZEN OF WHADUNTRY?	6. A.	
	FATHER'S NAME					14. MOTHER	'S MAIDEN NA	AME				
	John	Hearl					Maggie	Green				
		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. II	FORMANT (Husban	id) Ad	dress Dund	lalk, N	ld.	
(Yes	No	(If yes give wor or dates	of service) 21	2-42-6376	Edw.	in Lau	bach,	3948 Old No:				
	1B. CAUSE OF DE	ATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE									BETWEEN ND DEATH	
	Conditions, if ony,			wning								
	rise to immediat	e couse (o), ((D) DIC	WILLIE	_							
	stoting the under	rlying couse	(c)									
_	PART II. OTHER SI	GNIFICANT CONDITIONS		O DEATH BUT NOT RELATI	ED TO T	HE TERMINAL	DISEASE COND	OITION GIVEN IN PART 1(o)		19. WAS	AUTOPSY	
NOLL			lepsy.					, ,		YES 🔀	ORMED?	
읦	20a. EXTERNAL CA	USE WAS		SCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of injury in Po	ort I or Port II of item 18.)				
MEDICAL CERTIFICATION	PRIMARY 🔀 or COI CAUSE OF DEATH.	NTRIBUTING 🗆	Dr	owned in ba	ath	tub						
N N	LL VPU	JRY Month, Doy, Yeor		JURY OCCURRED 20	Oe. PLAC	E OF INJURY (Home, form,	20f. (City or town)	,	unty)	(Stote)	
W.	p.n	n. 11/2 19	66 While of work	Not While of work	10010	Home fic	e blug., etc.)	Dundalk	Ва	altimor	re Md.	
	21. I certify	y that I took charg	e of the ren	noins described obo	ve, hel	d on Autor	osy X,	Inspection, Ir	nquiry,	ond in r	my opinion	
	deoth result	ed from: Notur	ol couses [Accident X	Suici	de 🔲,	Homicide	, Undetermined	manner []		
	ACTUAL CHIEF MEDICAL EXAMINER 22. D							22 0	ATE SIGNED			
1	SIGNATURE	hau	les 1	any				AL EXAMINER X				
	EXAMINER'S NAME (Type)	Charles S	. Petty	, M.D.			PUTY MEDICAL dress (Street,	city, town, or county)		11/3	3/66	
230.	BURIAL, CREMATIC		IEREOF	23c. NAME OF CEMETE	RY OR C	REMATORY		23d. LOCATION (City or	Town)	(County)	(Stote)	
	REMOVAL (Specify	3/5/	66	Oak Lawn C	eme	tery			timore			
	FUNERAL DIRECTO		Vise Av	ADDRESS Dundalk	Md.			BY REGISTRAR 2Sb.	REGISTRAR'S S	SIGNATURE		

VR A15ME (5) 6M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RA

	15316	SIICAL KESEA	CERTIFI	CATE	OF DEATI	_	, BALIIMU	153	15	,
1.	PLACE OF DEATH a. COUNTY BATTIMORE		MARY		2. USUAL RESIDEN	CE (Where dece	ased lived, If ins		nce before ad	1
	b. CITY OR TOWN (if outside corwrite RURAL and give neares	t town)	c. LENGTH OF STAY	Y IN 1b	Baltin	iore	orate Ilmits, wr	ite RURAL and	give neares	t town)
D	d. NAME OF HOSPITAL OR INSTITUTION OF AN EX-TOWSON N	и. Н.	ospital, give street a me	iddress) (5211 A	ch Rav	ren		1 1 1 1 1	ARM?
3.	NAME OF DECEASED (Type or print)	First	Middle	1	eha	4. DATE OF DEATH	Nov	1. 2		66
5.	SEX 6. COLOR OR R.	WIDOWED	NEVER MARRIE DIVORCE IND OF BUSINESS OF	DOM	DATE OF BIRTH AV 19, 18 11. BIRTHPLACE (C	881 8	AGE (In years last birthday) 5 yrs.	Months Day		Min.
dur 13.	Ing most of working life, even If r	etired) IN	IDUSTRY		0 114	lope.	nd.	COUNT		
	WAS DECEASED EVER IN U.S. ARMI		SOCIAL SECURITY NO		FORMANT	y 5	TeiN/ Addres	mille ss	R	0.1
	18. CAUSE OF DEATH [Enter on	21	2 22 777	Doh	Nhihe	hR-15	36 Re	NNEW	TERVAL BET	CA ,
	PART I. DEATH WAS CAUSE IMMEDIATE CA	0 BY: 7.	1	Perch	i cardi	o Vusc	ular a	LISEAS	NSET AND D	HTAB
CERTIFICATION	PART II. OTHER SIGNIFICANT CON R. C.	n Ilia	A .	LTI	irom bosi	2			9. WAS AU PERFORI YES	TOPSY MED? NO
MEDICAL CER	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL E) 20c. TIME OF INJURY Month, Hour a.m. p.m.	1	Not While	20e. PLACE factory,	OF INJURY (Home, f street, office bldg.,	arm, 20f. (0	City or town)	(County)	(S	State)
	21. I certify that (I) (this saw the deceased alive on	41 . 0	. //		eath occurred at	1962, to 1 A M, froi	/Vo√25 m the causes	and on the d		
	22a. SIGNATURE	Ossn	ran /	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. OATE //- 2	4-66	
00.	NAME(Type) ed G	. Ossm		M.D.	101051		St. E		12/	
232	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)	28-66	ADDRESS	Ne 7	R CREMATORY PARK Cen. 1 25a. RE	MA BA	CATION (City, to	ORC EGISTRAR'S SI	me	ate)
Xe	Emard & Ru	ick, Inc	BAITU	nore	Md DATE N	OV 25	1966	Charle		re

VR AI5 (4) 20M 1/65

The Samuel Control of the Control of Miles Steen William 2122277711661 Chehe-1536 Kennen to the The French leader rather secular decise Est crimmen Ilias Artery Threnbull THE CONTRACT A STREET OF THE PARTY OF THE PA Milled Co. Commen The man section to land St. To send and FILE IT I TERLE GERRANGE FANK GAN TONTHORERE LEAST of a state of the state of the state of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15317 CERTIFICATE OF DEATH
15316

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	b. COUNTY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY ON TOWN If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest jown)	2 alternore 30.4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS () e. IS RESIDENCE
Professional House	3507 Shelbure Rd YES NO
3. NAME OF First Middle	C Last 4. DATE Month Day Year
(Type or print) Juliette Meyer	Levi DEATH November 6 1966
5. SEX 61 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
Hemale White WIDOWED DIVORCED	yrs. Worldis Days Hours Will.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Washinston DC USA
130 FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Gernon Nothan Meyer	Fanne?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	Joseph O Leve 3507 Milliami
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	The lose on the contract of th
IMMEDIATE CAUSE (a)	The Control of the Co
Conditions, If any, which) DUE TO arterioscelese	tie C.UD 15 mm.
gave rise to immediate	The state of the s
cause (a), stating the DUE TO	
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	A LED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ADTO-ST
(S) Ryphoscoliatie Heart ()	velant YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL LOGAL ACCIDENT WAS UNDERLYING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	ACF OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - fact	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (State)
	Oct 7 1946 to 11/6 1966, that (1) (wee) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19.66, and the	110
saw the deceased alive on 10/4 19 66, and the	at death occurred at M, from the causes and on the date stated above.
A TRACTORY	ATTENDING MED. STAFF
22c. PHYSICIAN'S M.	D. PHYS. DIRECTOR PHYS.
NAME (Type) J. ELLIOT LEVI	222 W. Cold Spring Lane.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23cr) NAME OF CEMETER	YOR CREMATORY 23d. LOCATION (City, fown or county) (State)
Cremation NOU 7/66 Loudon	Jake 12 allemore md -
24. FUNERAL DIRECTOR APDRESS	125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Rol Lourse 10 Diaz - Loin Roisto &	DATE NOV 9 1966 Cliarles Judge
nor though , tong our language	DATE INOV 9 1900 guardes judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15318

CERTIFICATE OF DEATH

11.2 USUAL RESIDENCE (Where deceased lived if institution: Residence before

15318 CERTIFICAT	E OF DEATH 15	317
1. PLACE OF DEATH Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE DAY LOUD b. COUNTY B.	elfamou-
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mount Wilson	c. CITY OR TOWN (If putside corporate limits, write RURA)	and give nearest town) 3 4 e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mount Wilson State Hospital	d. STREET ADDRESS (2008)	ON A FARM?
3. NAME OF DECEASED (Type or print) Rolph. First Laster	Dud to DEATH U	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 4 - 12 98 9. ACE (In years IFUNDER last birthday) Months yrs.	Days Hours Min.
1Da. USUAL OCCUPATION (Cive kind of work done during most of working life, every) fretired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. Cive kind of work done line in the line i	11. BIRTHPLACE (County & State, or foreign country) 12. C	OUNTRY?
13. FATHER'S NAME L'ENTY PE'ENTY	14. MOTHER'S MAJOEN NAME STUTTS.	
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Addréss cords.Mt.Wilson State Hos	pital
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	reget leeug.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WHAT LE STATE OF INJURY IN PART 1 OF PART 11 OF ITEM 18	YES NO NO
ZOZ. ACCONTRIBUTION COLORS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	orner. (Enter nature of miguly in Part 1 of Part 1 of New 20	.,
	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	unty) (State)
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at M, from the causes and on	the date stated above
222. PHYSICIAN'S Wm. Newcomer, M.D., Superintendent	ATTENDING MED. STAFF	DATE SICNED
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'S REMOVAL (Specify) 11 26, 1966 Montgomery C	Y OR CREMATORY 23d. LOCATION (City, town or co	
24. FUNERAL DIRECTOR Mc Cully 130 E. Fort Ave	25a. REC'D BY RECISTRAR 256. REGISTRAF	r's SICNATURE

VR AI5 (4) 20M 1/65

Baltimore County

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lound Wilson State Rospital muon

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death continoate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15319
CERTIFICATE OF DEATH
15318

1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
BALTIMORE MARYLAND	a. STATE MD BALTIMORE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
DUNDALK 30 YRS.+	DUNDALK 21222
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress)	d. STREET ADDRESS 8. IS RESIDENCE
7036 BELCLARE ROAD	7036 BELCLARE ROAD ON A FARM?
3. NAME OF First Middle DECEASED	Last 4. OATE Month Day Year
(Type or print) ANNA LEHN LOCK	DEATH 11/4/66 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	B. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Oays Hours Min.
FEMALE CAUCASIAN WIDOWED X OIVORCEO	2/24/1912 54 yrs. Months days hours mill.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	PENNSYLVANIA USA
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
JOHN LEHN	ELIZABETH W. HEIMMERDINGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT 212 DETROIT AVE.
	NNA C. CASTIGLIONE DUNDALK, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORON Q	ONSET AND DEATH
287X DUE TO 1	
Conditions, if any, which) (b) Malianant	duneste non Gueaus.
gave rise to immediate ceuse (a), stating the DUE TO	
underlying cause last. (c) Cellely	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUTNOT RELA 20a. ACCIOENT WAS UNDERLYING TO CAUSE OF OEATH OR CONTRIBUTING TO CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Y	YES NO
20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury In Part I or Part II of Item 1B.)
to also	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not While facto	, 3, 31(601, 011106 b) 10g., 610.)
21. I certify that (I) (this head) attended the deceased from	10-19 1959 to 11-4 1966, that (1) 400 last
	t death occurred at A.M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Cusseme t. Nevy M.D	D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. 0 11/3-/1966
22c. PHYSICIAN'S NAME (Type) EUGENE F NEV	7001 MORNINGTON RD. DUNDALK. MD.
EOGENE F. NEVE	
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
BURTATO 11/7/2966 MORELAND M	MEM. PK. BALTO. CO., MD.
24. FINERAL DISECTOR Dealer ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
WALTER BROOKS BRADLEY, DUNDALK, MD	DATE NUV 7 1966 Johnstey Judge
	U G

Care Transa		6 6 0					MED TATAL
	3.30	3		ele 🛦	30 X		1 7700
		MARQU	7930 8			405 JA	Addied 680)
	11/11/2				100	AHM!	ASSALL HOL
		ے در	ST61/ 73/	3	ar.		ENTERDUAD SEVE
							2000,000
	277.2		ATTENANT				John Hot.
2.			0.40				
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			. 1				- 100
VALIBURA P	. 137					. 3 20	TURA OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVICION OF WITH DECORDS

physician and completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending official and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The proofes remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removol, and in any event, within 72 haurs offer death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Poge 4 moy be retained by the hospitol or attending physician. VR A15 (4) 25M 1/67

3a. BURIAL, CREMATION, REMOVAL (Specify)

23a.

TO HOSPITAL

-	15320	CERTIFICATE	OF DEATH	TRE, MARILAND 21201	153	119			
	PLACE OF DEATH C. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (* o. STATE Md.	Where deceased lived, if institut b, COUN Balti	VTV	re admission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	utside corporate limits, write RUR	tAL ond give neore	st town)			
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	1 - 7 3	d. STREET ADDRESS	bridge CirWe	stview	e. IS RESIDENCE ON A FARM? YES NO X			
	NAME OF First DECEASED (Type or print) Emil	Middle	Lost	4. DATE Mant		19			
S.	M I I II -	44	B. DATE OF BIRTH 8-21-91	9. AGE (In years last birthday) 75 yrs.	Manths Days	Haurs Min.			
dur	. USUAL OCCUPATION (Give kind of work dane ing most af working life, even if retired) Ret—Machinist FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY B & O RR	11. BIRTHPLACE (County Maryland 14. MOTHER'S MAIDEN	& State, ar fareign country)	12. CITIZEN O COUNTRY USA				
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, ar unknown) (If yes give war or dates af service) 18. CAUSE OF DEATH (Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	805-05-3540 K	Mrs Rose I 6518 Woodbr	oetz Cir We	stview	TERVAL BETWEEN NSET AND DEATH			
7	Canditions, if any, which gave rise ta immediate cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	Attenseler of UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	Vascular Du	19	. WAS AUTOPSY			
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I ar Part II af item 18.)	,	PERFORMED? YES NO			
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While at wark at w								
	21. I certify that (I) (this hospital) saw the deceased alive an very 22a. SIGNATURE January		death accurred at D. ATTENDING D. PHYS.	957, ta Nov 3 958M, fram causes MED. STAFF DIRECTOR PHYS.	and an the da				
	22c. PHYSICIAN'S NAME (Type) Harry L.	Knipp m.D.	22d. ADDRESS 4116	Edmondson Ave	•				

23c. NAME OF CEMETERY OR CREMATORY

Olivet Cem.

24. FUNERAL DIRECTOR **ADDRESS** Witzke F.D.-4101 Edmondson Ave.

12-3-66

DATE THEREOF

2Sa. REC'D BY REGISTRAR DATREC 2 1966

23d. LOCATION (City or Town)

Baltimore, Md. 25b. REGISTRAR'S SIGNATURE (Clianles Judge

(County)

(Stote)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 532()

1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
	14	a. STATE Maryland b. COUNTY And	4 mite
	b. CITY OR TOWN (if outside corporate limits. 1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
×	write RURAL and give nearest town)	R	13 1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	I e. IS RESIDENCE
6	-0	d. SINCEL ADDRESS	ON A FARM?
M	realer Dalto Medical Center	14211 Pann ave.	YES NO
3	NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) Margaret M	LONG. DEATH	22 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BRITH 9. AGE (In years FUNDER 1 last birthday) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
	T WIDOWED DIVORCED	6-4-89 17 yrs.	Days Hours Him.
	a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
aut	House wile	Baltimore ma.	DIVINI
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John May	UNKNOWN ANNA PR	ELLER
15		INFORMANT Address	7777
	es, no, or unkown) (If yes give war or dates of service)	0	
	180 - 220-14-5475	tatients hart.	THE PERSON NAMED IN COLUMN 1
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ρ.,	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	tory tarlune	
	15 1 X DUE TO		
	conditions, If any, which) (b) Obstructive	aundice	
	gave rise to immediate cause (a), stating the DUE TO		
	underlying cause last. (c) Carcinome of	head of pancies	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
ER	20a. ACCIDENT WAS UNDERLYING COUNTY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
MEDICAL		ry, street, office bidg., etc.)	(01.11)
ME	p.m. 19 at work at work		
		Oct. 24, 19 66, to Nov. 22, 196	
		death occurred at 4 A.M, from the causes and on the	
	22a. SIGNATURE	ATTENDING — MED. — STAFF — 22b. DA	TE SIGNED
	Kobert W. Smith M.D	. PHYS. DIRECTOR PHYS. X	- 22-66
	22c. PHYSICIAN'S NAME (Type) PARTY VA CALLETIN	22d. ADDRESS	
	MODERT YV SMITH	GREATER BALTO, MEDICAL	CENTER
23		OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	BURIAL 11/25/66 PARK WOO.	D CEM: TAXLOR AL	IF MA
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	HIGNATURE SEE
	NIDDEL DONNE THE BELLED ON	NOV 2 3 1966 Julian	1

certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. AI5 (4) M I/65

05881 - Local y and (Promitted Stamp That 4211 Pann Our grade Daire breakers Contex Margaret --prod W 7 64 68 -4-9 BELL STOMITHER House wife Justy What THE PRODUCT NAMED - 220-14-543 Patronto Chart the transfer of the second of the second The same with the same of the 16 SOCIAL SECURITY NO.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)

executed within 24 haurs after death by the funeral Pages 1 and 2 offer. haurs completely filled in by ave carban papers. revent, within 72 hav completely remave any pup and in requires that the death certificate be please attending physician permit. Then please removah 10 crematian, signed by the burial-transit burial, cremati be retained by the haspital ar attending physician. as the prior tal has been Health p use detached State 0 with 1 directar, page 3 should be filed v

o. COUNTY

3. NAME OF

S. SEX

DECEASED

13. FATHER'S NAME

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate couse (a),

stoting the underlying couse

200 ACCIDENT WAS LINDERLYING I

Hour o.m.

220. SIGNATURE

226 PHYSICIAN'S

NAME (Type)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Dov. Yeor

(Yes, no, or unknown) (If yes give wor or dotes of service

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

DUE TO

DUE TO

Subintimal hemorrhage right coronary artery.

20d. INJURY OCCURRED

ot work

IMMEDIATE CAUSE (o)

TO FUNERAL DIRECTOR: After this certificate Page 4 may b

23o. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR

M.S. Cockburn, M.D. 7620 York Rd., Baltimore, Md. 21204 23c. NAME OF CEMETERY-OR CREMATORY

2So. REC'D BY REGISTRAR

DIRECTOR

14. MOTHER'S MAIDEN NAME

INFORMANT

Tracheal obstruction by foreign body

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

21. I certify that (this haspital) attended the deceased fram October 31, 1966 to November 1 \$9 66 that (4) (we) last

saw the deceased glive an November 179 66, and that death accurred at 2:25 M, from causes and an the date stated above

PHYS. 22d.

ADDRESS

M.D.

20e. PLACE OF INJURY (Home, form,

foctory, street, office bldg., etc.)

23d. LOCATION (City or Town) (County)

(County)

22b. DATE SIGNED 11/15/66

2Sb. REGISTRAR'S SIGNATURE

(City or town)

PHYS.

b. COUNTY

Month

Address

IF UNDER 1 YEAR

Dovs

12. CITIZEN OF WHAT

COUNTRY?

9. AGE (In years

unknown

birthdoy)

IS RESIDENCE ON A FARM?

YES NO IL

166

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

(Stote)

YES X

VR A15 (4) 20 M 1/66

rest out one present the second secon

.V. Jenneybas- . S.E.

	1	Divisian of STATISTICA	MARYLAND STATE DEL LE RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
- (N	1)	15323	CERTIFICATE		15322
after death he funeral ges 1 and after death	1.	a. COUNTY BALTIMOR	E MARYLAND	2. USUAL RESIDENCE (Where deceased lived, i	b. COUNTY Ballymore
by the Page		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	- LENGTH OF STAY IN 16 4 mos 16 dai	c. CITY OR TOWN (1) outside carparate limits,	03./
nin 24 ho filled in papers. thin 72 h	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in SPONS GOVE	haspital, give street address) Take Hospital	Dogwood Rd.	e. IS RESIDENCE ON A FARM? YES NO
cuted within 24 h propletely filled in ve, carbon papers, event, within 72 h	3.	(Type or print) Charles	1. Lorentson	Sr. 4. DATE OF DEATH	Manth 1/ - 13 1966
ne executed with and fompletely remete, carbor in any event, win		MWW	MARRIED NEVER MARRIED S VIDOWED DIVORCED	12-18-87 ast bir	yrs. Manths Days Haurs Min.
ate be exe ician and the lease remo	du	o. USUAL OCCUPATION (Give kind af wark dane uring most of working life, even it retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (County & State, or fareign county) Sweden	try) 12. CITIZEN OF WHAT COUNTRY?
eath certificate b anding physician nit. Then please ar remaval, and i	13	S. FATHER'S NAME SHARLES LO	rentson	ANNA MARIE	
attending permit. The	15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ocunknown) (If yes give wor or dotes of sen	vice) 16. SOCIAL SECURITY NO. 17. II	NOSpital Recor	Address -dS
nat the n. y the a insit pe		18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).)	rest.	INTERVAL BETWEEN ONSET AND DEATH
equires that the d physician. signed by the att burial-transit pert		Conditions, if ony, which gove isse to immediate cause (a),	Gongestive H	teart failure.	
The law req attending p has been si se as the bi th priar ta bu		stating the underlying couse (c) DUE TO	Arteriosch	erotic Hearta	lesease
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR		HE TERMINAL DISEASE CONDITION GIVEN IN PART	YES NO
日本年もも	L CERTIFICATION			Enter nature of injury in Part I or Port II of iter	
IG PHYSI the hasp in this cer detache	MFDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, farm, pry, street, affice bldg., etc.)	town) (County) (State)

ro Hospital or Attenbin Page 4 may be retained by TO FUNERAL DIRECTOR: Afte director, page 3 shauld be shauld be filed with the Sta

VR A15 (4) 20 M 1/66

230. BURIAL, CREMATION, REMOVAL (Specify) Removal 24. FUNERAL DIRECTOR

220. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

23b. DATE THEREOF 11/17/1966

saw the deceased alive an

21. I certify that (1) (this haspital) attended the deceased fram.

23c. NAME OF CEMETERY OR CREMATORY Berlin Cemetery

66 and that death accurred at

ATTENDING PHYS.

22d. ADDRESS

23d. LOCATION (City or Town) (Court
Berlin, New Jersey

STAFF PHYS.

MED. DIRECTOR

2Sb. REGISTRAR'S SIGNATURE

7.10AM, fram causes and an the date stated above.

22b. DATE SIGNED

(County)

(State)

2Sa. REC'D BY REGISTRAR

SEGE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15324		CERTIFICATI	E OF DEATH		15323
1. PLACE OF DEATH	imore	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased lived, if institution b. COUNTY	
b. CITY OR TOWN (If autsic	le carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporote limits, write RURAL	ond give neorest town)
Fort Howar	d	5 Days	Baltin	More	20.4
d. NAME OF HOSPITAL OR I	NSTITUTION (If not in h	nospitol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans	Administra	tion Hospital	1712 3	S. Hanover Stree	
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle EDWARD MA	Lost RSH	4. DATE Month OF DEATH NOVEMBER	Day Year
		MARRIED XX NEVER MARRIED	8. DATE OF BIRTH 1/22/18	9. AGE (In years	FUNDER I YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
1Do. USUAL OCCUPATION (Give l during most of working lite, eve	ind of wark dane n if retired)	IDB. KIND OF BUSINESS OR INDUSTRY Hospital		y & Stote, or foreign country) re, Maryland	12. CITIZEN OF WHAT COUNTRY?
	ge F. Mars		14. MOTHER'S MAIDEN Mary	NAME Simmons	
1S. WAS DECEASED EVER IN U.S. (Yes, na, ar unknawn) (If yes o	ARMED FORCES? give war or dotes of serv TT	ice)	in.Records,	Address VA HOSPITAL, FOR	T HOWARD, MD
1B. CAUSE OF DEATH (E PART I. DEATH WAS	nter anly one cause pe	r line far (a), (b), ond (c).) PULMONARY INFARCT	ion, Right		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which rise to immediate cause	(0)	PULMONARY EMBOLI	€ ,		DAYS
stoting the underlying (OUSE DUE TO	THROMBOPHLEBITIS,	LEGS		UNKNOWN
PART II. OTHER SIGNIFICA ARTERIOSCI		BUTING TO DEATH BUT NOT RELATED TO RT DISEASE	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO XX
ARTERIOSCI. 2Do. ACCIDENT WAS UNDER OR CONTRIBUTING CAU: (IF EITHER, NOTIFY MEDICA	SE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in	Port I or Part II af item 1B.)	
20c. TIME OF INJURY Mo Hour a.m. p.m.	nth, Doy, Year 19		ACE OF INJURY (Home, far ctory, street, affice bldg., etc		(County) (State)
	t (1) (this haspitaled alive an No) attended the deceased fram_1 v_8166, and the	Nov. 3 at death accurred a	19 <u>66</u> , ta <u>Nov</u> 8 <u>‡:554</u> M, fram causes an	_, 1966 , that (1) (we) land an the date stated abov
22a. SIGNATURE	clon h	alon, USP M	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. DXX	22b. DATE SIGNED 11/8/66
22c. PHYSICIAN'S NAME (Type)	NEILON NEI	LSON, M. D.	VA HOS	SPITAL, FORT HOW	
23o. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF	Baltimore Nat	tional Cemet	23d. LOCATION (City or Town	. Marvland
24. FUNERAL DIRECTOR	/ /	130 E. A		NOV 9 1866	TRAP'S SIGNATURE JUDGE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then place campave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and include event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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		Garage		Marine Marine	
				SANTAN MADER	Miles 19-900-19

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15324 CERTIFICATE OF DEATH JI. NAME OF DECEASED 2. DATE AND HOUR OF DEATH funeral (Type of 153 11- 24- 1966 martin 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND within 24 hours after BALTIMORE COUNTY Md. BALTIMORE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE 6 Baltimore, Maryland 5614 Daybreak Terrace (If rural, give lacation) 5614 Daybreak Terrace 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. tf Under 24 Hrs. 6. RACE 7. MARRIED, NEVER MARRIED Months Doys WIDOWED, DIVORCED (specify) last birthday) Haurs emale White EIGA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? clone during most of working life, even if retired) U.S.A. Housewife Baltimore, Maryland physician nen please Housewife 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Elizabeth Schneeman George Adam Popp attending parent. The ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Tr George H. Martin 5614 Daybreak Terrac signed by the burial-transit p INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES / 7 DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the be retained by the haspital ar UNDERLYING CONDITION last, OTHER SIGNAL CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 22. I certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date that (I) (we) last saw the deceased alive an and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director TO HOSPITAL Page 4 may b TO FUNERAL 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, 24B. DATE Gardens of Faith Ild. Burial Gemetery ADDRESS

24D. LOCATION

(City, town, or county)

24C. NAME of CEMETERY OF CREMATORY

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M	15326		CERTIFICA	TE OF DEATH		15325	
	1. PLACE OF DEATH a. COUNTY Baltime	re	MARYLAND	o. STATE	Where deceased lived, if institution b. COL		ion)
	b. CITY OR TOWN (If autside carpar write RURAL and give negrest to	ate limits, wn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IN OL	itside carparate limits, write RL	03.1	
55	d. NAME OF HOSPITAL OR INSTITUTION BAIL MORE	on (If not in hospital, give and the British	e street address)	d. STREET ADDRESS BOX 22	· Liberty	Rd - PES YES	IDENCE FARM? NO
16	3. NAME OF OECEASED (Type or print)	helm4	Middle	Musen	4. DATE Mor OF // DEATH	- 17 19	66
	5. SEX 6. COLOR OR F	WIDOWED [DIVORCED	8. DATE OF BIRTH		Months Ooys Hours	R 24 HRS Min.
	10a. USUAL OCCUPATION (Give kind af wa during most of working life, even if retire	d) INDU	o of Business or Justry Const. Co.	Md	& State, ar foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	13. FATHER'S NAME Unknown			Naomi Whe			
	15. WAS OECEASEO EVER IN U.S. ARMED (Yes, na, ar unknawn) (If yes give war o	FORCES? 16. SO or dates af service)	25	17. INFORMANT	Add	Randallstown	n
7	1B. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	BY: E CAUSE (a) DUE TO		ic arrest	oprevmon	INTERVAL BE QNSET AND	
	rise to immediate couse (a), stoting the underlying cause lost.	(b) DUE TO (c)		y v a ch	7	1	1-
2	PART II. OTHER SIGNIFICANT COND	re K.	y pho Scol	cosis -		19. WAS AUT PERFORM YES	NO [
	Seve 20a. Accident was underlying OR Contributing Cause of dea (If either, notify medical examin	TH I		ED. (Enter nature of injury in			
	20c. TIME OF INJURY Manth, Day Hour o.m. p.m.	, Year 20d. INJ While at wark	Not While	PLACE OF INJURY (Hame, farm factory, street, office bldg., etc.		(Caunty)	(State)
	21. I certify that (1) (1) saw the deceased alive		ed the deceased fran 719_66_, and	that death accurred at	19 <u>66,</u> ta	and an the date state	(we) lo
	22o. SIGNATURE	Jellen	(M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED	31
1	22c. PHYSICIAN'S NAME (Type)	(. J. E	1110	22d. ADDRESS 8629	Liberty 1	el - Randall	1 bin
	REMOVAL (Specify) Burial 11	DATE THEREOF /21/66	23c. NAME OF CEMETERY Mt. Olive		23d. LOCATION (City or I	Md.	State)
aro	24. FUNERAL DIRECTOR Toring Byers-8728	Liberty Ro	ADDRESS			Clearles Jud	al.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15327

CERTIFICATE OF DEATH

15326

	PLACE OF DEATH a. COUNTY Ba	ltimore		MARYLAND	2. US	UAL RESIDENCE (STATE Maryl	Where deceased liv and	5 COLINTY	Residence bef Baltim	
I	b. CITY OR TOWN	(If autside carporate limits,		c. LENGTH OF STAY IN 16			utside corparate lim	nits, write RURAL a	and give neor	est town)
	Timoni	(If autside carporate limits, d give neorest tawn) UM		20 years		Timoniu	m		031	/
(d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	hospitol, g	give street oddress)	d. ST	REET ADDRESS				e. IS RESIDENCE ON A FARM?
	5 Nort	hwood Rd.				5 North	wood Rd.			YES NO X
-	NAME OF DECEASED (Type or print)	First Alethia		Middle Gladys	Math	lost er	4. DATE OF DEATH	Month Nov.	2 e	
S. S	sex male		MARRIED VIDOWED	NEVER MARRIED DIVORCED		of BIRTH /8 1. 18,18	og lost		UNDER 1 YEAR Onths Doys	
10o.	. USUAL OCCUPATIO	N (Give kind of work done life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY Restaurant		, ,	& State, ar foreign	country)	12. CITIZEN COUNTRY	OF WHAT
13.	FATHER'S NAME	574			14. /	NOTHER'S MAIDEN	NAME			-
		William Cra	umer			Alic	a Hedric	k		
(Ye	WAS DECEASED EV s, no, or unknown) LO	ER IN U.S. ARMED FORCES? (If yes give war ar dotes of ser	vico)	1340 -0110	17. INFORM	ANT		Address		
	18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PHLFC MASIR CERMUEA DOLBUS								NTERVAL BETWEEN	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last. Conditions if ony, which gove rise to immediate cause (o), stoting the underlying cause last. Conditions if ony, which gove rise to immediate cause (o), but to (c)						3	- Yes		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO					MINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)	1	9. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION						oture of injury in	Part I ar Part II at	f item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19 20d. INJURY OCCURRED While of wark of work of twork of work of						y ar tawn)	(Caunty)	(State)	
	21. I certify that (I) (this hospital) attended the deceased fram APP 1 , 1966, to 1700. 26, 1966, that (I) (we) lassaw the deceased alive an 1966, and that death accurred at 1 A. M, fram causes and an the date stated above									
220. SIGNATURE Williams with the M.D. PHYS. MED. DIRECTOR						STAFF PHYS.	22b. DATE SIG	GNED 8 - 6 6		
	22c. PHYSICIAN'S NAME (Type	Dr. William	A. P	hlsbury	2	2d. ADDRESS 2060 Y	ork Rd.	TIMOR	lum,	m/
230	BURIAL, CREMATI	ON, 23b. DATE THEREO		23c. NAME OF CEMETERY Poplar Gr				ON (City or Town) eysville	(Coun Mar	haelm
24	. FUNERAL DIRECTO			10980S York			D BY REGISTRAR	25b. REGISTI	RAR'S SIGNAT	URE LAB
√m	. Cook-B	rooks Towson	Inc.	Towson, M	d.	DATDE	C 1 19	66 you	arces	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit pentili. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTI	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	MARYLAND
15220	CEDTIFICATE OF DEATH	

1000	0		CERTIFICATI	E OF DEATE			15295	
1. PLACE OF DEAT a, COUNTY				2. USUAL RESIDEN	CE (Where deceased liver	d, If institution:	Hesitiente terore ar	dmission)
	ltimore		41400/1410	a. STATE	yland t	COUNTY D	ince Geo	nda
	VN (if outside corporate I and give nearest town)	imits. I	MARYLAND c. LENGTH OF STAY IN 1b		outside corporate lin			
			THE COUNTY TO SEE SECTION			itto, iiiito itolini	E dird Biso nour or	
d NAME OF HO	rings Mills	If and In ha	3½ years		ttsville		16-2	
d. NAME OF HO	SPITAL OR INSTITUTION (ir not in no:	spital, give street address)	d. STREET ADDRESS			e. IS RES	IDENCE FARM?
Ro	sewood State	Hospi	ital	7200	6 Forest Ro	ad		ND X
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day Yea	ar
(Type or print)	William	m	Philip	MATTHEWS	DF DEATH	11	14 19	66
5. SEX	6. COLOR OR RACE 7.	MARRIED		B. DATE OF BIRTH			R 1 YEAR IF UNDER	
Male		WIDOWED J		4-18-59	last birt	- monuis	Days Hours	Min.
10a. USUAL OCCUPAT	TIDN (Give kind of work don		ND OF BUSINESS OR		ounty & State, or foreign	country) 12. C	ITIZEN OF WHAT	
during most of work	(Ing life, even if retired)	IN	DUSTRY			C	OUNTRY?	
Dependen 13. FATHER'S NAM			none	Pittsbur	g, Pennsylv	anıa	U.S	.A.
201 TATTLE O HAI				14. MUTHER'S MAIL	JEN NAME			
	Thomas Tucker				n Matthews			
(Yes, no, or unkown)	EVER IN U.S. ARMED FDRCE	IS? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
no			none Re	osewood Reco	ords. Owing	s Mills.	Marylan	d
18. CAUSE OF	DEATH [Enter only one ca	use pervin					INTERVAL BE	TWEEN
	EATH WAS CAUSED BY:	1)4	ehudration				ONSET AND	DEATH
F711	IMMEDIATE CAUSE (a)	1	- Majorio				- 50	-
Conditions, If	DUE TO	1)	Marchan					
gave rise to	Immediate (Tul Tues					
cause (a), s								
underlying caus	/	ODUTDIDIO.	TING TO SELECT				100 000	The pold
PARTIT. DIHER	SIGNIFICANT CONDITIONS	CONTRIBUT	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AU PERFOR	MED?
FICA	severe n	491	ocephalus					NO
PART II. DTHERS 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER	(20b. DE	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Pa	rt II of Item 18	3.)	
20c. TIME OF	INJURY Month, Day, Yea	r 2Dd. IN	JURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fa	rm, 20f. (City or to	own) (Co	ounty) (S	State)
ZOC. TIME OF Hour a.i		While ,	Not While factor	ry, street, office bldg., e	tc.)	, , , , ,		
		at work						
		l) attender	d the deceased from		962, to 11-			
	ceased alive on	1214	1966, and that	death occurred at	1:30M, from the c			above.
22a. SIGNATU	RE	man		ATTENDING -	MED STAF		DATE/SIGNED/	1
	NOUM	11/1	M.D	. PHYS.	DIRECTOR PHYS.		11/14/62	2
22c. PHYSICIA NAME (T	vne)	1		22d. ADDRESS				744
	Zsolt Kopp	anyi,	M.D.	Rosewood	St. Hosp.,	Owings 1	Mills, Mo	1.
23a. BURIAL, CREM REMOVAL (Sp	MATIDN, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (city, town or co	unty) (St	ate)
BUNIAL	11/21/6	6 1	Rosewood	,	Owing.	5 Mil.		d.
24. FUNERAL DIRE			ADDRESS	25a. REC	C'D BY REGISTRAR 2	5b. REGISTRAR	S'S SIGNATURE	
J.F. EL	Ne + Sons A	Perch	ens Town M.	d. DATE	NOV 23 196	6 Tele	welly Jus	42
	/ 1 / / (7,	DATE			1	9

VR AI5 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and exampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15328 15329

1.	PLACE DE DEAT a. COUNTY Ba	H altimore		MANUAL		2. USUAL RESIDEN a. STATE		re deceased	b. COUN	ſΫ́	esidence bet	ore admission
	b. CITY OR TOW write RURAL	/N (if outside corpo and give nearest tonsville	rate limits, own)	c. LENGTH OF STAY IN		c. city or town (in Pasad	f outside	corporat	e limits, wri	A . te RURAL	end give n	earest town)
				ospital, give street eddi	ress)	d. STREET ADDRESS					9. 15	RESIDENCE
Ho	ouse in t	the Pines	- Catons	ville		Route	6	Box	282	21	122 YES	N A FARM? NO
3.	NAME DF DECEASED (Type or print)		First Alice	Middle		Lest Mav	D	ATE F EATH	Noven	ber	Day	Year 19 66
F	SEX 'emale	6. COLOR OR RAC	WIDOWED	DIVORCED [8. A		03	9. AGI	(In years I	F UNDER 1		
dur	Hou sewi	ling life, even If reti . fe	rkdone 10b. K red) II	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (C	and		reign country)	12. CI	TIZEN DF 1 UNTRY?	WHAT
13.	FATHER'S NAM			W- 0-1 -		14. MOTHER'S MAII			** -			
				McCabe		Effie	M	ay	Helst	-		
(Ye	No, or unkown)	EVER IN U.S. ARMED (If yes give war or date None	s of service)	SOCIAL SECURITY NO.	Mrs	. Alice Gl	asgo	w sa	Address me add			
7	Conditions, If gave rise to cause (a), s underlying cause	EATH WAS CAUSED IN IMMEDIATE CAUSED DUANN, which Immediate tating the select.	BY: BE (a) 70 (b) 10 E TO (c) (c)	Ine for (a), (b), and (c).]	n.	anoma					ONSET 3	L BETWEEN AND DEATH
CERTIFICATION				JTING TO DEATH BUT NOT							YES [AS AUTOPSY REFORMED? ND Z
	DR CONTRIBUT	WAS UNDERLYING ING CAUSE DE DE TIFY MEDICAL EXAM	ATH IINER)	DESCRIBE HOW INJURY	OCCUR	KED. (Enter nature o	ir injury	IN PORT I	or Part II or	item 18.)		
MEDICAL	20c. TIME OF Hour a.r		While	Not While	. PLACE factory	OF INJURY (Home, f., street, office bldg., e	arm, 20	Of. (City	or town)	(Cour	nty)	(State)
		y that (I)-(this ho	spital) attende	ed the deceased from		9~26, 1 death occurred and						
	22a. SIGNATUI	nest. In	Mag	uz .	M.D.	ATTENDING PHYS.	MED. DIRECTO		STAFF DHYS.		TE SIGNE	
	22c. PHYSICIA NAME (T)	(pe) Wilmen	- K.Ga	1125tr		6209 9n	do	ich L	Eve. B	al.	28,	med
23a	BURIAL, CREW REMOVAL (Spe Buria	nclfv)	THEREOF	Glen Hav					ON (City, to			(State)
24.			Sono	Bulle's	me	25a. RE			Burnie 25b. RE		SIGNATU	

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				Alfans toll
Carlotte Carlotte Carlotte		50275B	五五	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
PLACE OF DEATH

1 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence Defore a

1. PLACE OF DEATH Baltimore County	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
GREATER BALT MED CENTER MARYLAND	a. STATE b. COUNTY	LTO.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
TOWSON /mmth 27 whys	BALT. 13	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
AS ABOUZ	1541 William AVE	YES NO D
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) DAVID Westow 1	MCGOWAN DEATH NOV.	17 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months I	Days Hours Min.
MALE CALL WIDOWED DIVORCED	3/20/18 48 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY		TIZEN OF WHAT UNTRY?
UNEMPLOYED DROCERY	BALT. MA. C	1:SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Eugene MC GOWAN	Bruker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) 16 yes give war or dates of service)	INFORMANT Address	
UNK 217-03-7829	WIFE ABOVE	5
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHA	4GE	UNGEL AND DEATH
150 X DUE TO O		
Conditions, If any, which to CHRCINGMA	OF ESOPHAGUS	
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA I		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
factor	CE OF INJURY (Home, farm, 2Df. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
Hour a.m. While Not While p.m. 19 at work at work	, street, onice bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	9/20 1966 to 1/1/1 196	that (I) (we) last
saw the deceased alive on 17 19/26, and that	t death occurred at & MM, from the causes and on the	e date stated above.
22a. SIGNATURE	/22b. DA	TE SIGNED
M.D	D. PHYS. DIRECTOR PHYS.	17/66
22c. PHYSICIAN'S NAME (Type) / ILPD (1 / 1477)	22d. ADDRESS	
LAKKY CHONG	GIRDATER BALT LASTO	Cluber
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
Burial Mor. 19, 1966 Mo. ale	ret Balto and.	
24. FUNERAL DIRECTOR ADDRESS	NOV 2 1 1966 250 REGISTRAR'S	GIGNATURE
John Monnelly Sons. 300 mare a	00, 21 DATE 2 1 1300 1	00'

MARYLAND STATE DEPARTMENT OF HEALTH
DESCRIPTION AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15330 DIVISION OF STATISTICAL RESEARCH 33

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
1) aft niore CO MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catowsylle 9 Weeks.	Achutus 13.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS SALE LA GREEN CON A FARMER
Changi Ja-Mursing	ON A FARM?
3. NAME OF First Middle	Last 4. DATE W Month Day Year
OFFICE CONTROLES EVENT	CMELVIN OF NOV. 14 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
Male Whate WIDOWED DIVORCED	1/21/9/ 6G yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?
Turching Agent Boat Building	Maryland U.S.F.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Melyin	Sophie leager
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFDRMANT / Address
4e5 W.W.I 212-039545	ean Burke 5518 LINIX HIVE
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) /0 STLO 9-LU	uc sorcoma " (1960)
1969 DUE TO	V n l
Cenditions, If any, which (b)	2 /10-
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
I I I I	YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANCE. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANT OF THE PROPERTY OF THE PROPERT	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
	De 18 20/01 1/1/17 11/ 20/01 11-4 (1) (un) loca
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 200M, from the causes and on the date stated above.
saw the deceased alive on 1900, and that	t death occurred at 200 M, from the causes and on the date stated above.
(Rare Pass) M.E	
22c. PHYSICIAN'S NAME (Type) I FARL PASS MI	22d. ADDRESS Wellens Cyprally,
	Y OR CREMATORY 23d. LOCATION (City, town or county)
BUTION 11/17/66 Loudon Pc	TVK Cemetery Baltimore, Moryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'S BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Combine fore. 1328 Sulphur Sp. D	" DATE NUV 17 1966 (Clearley Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 tours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 153322. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. COUNTY ALTIMORE MARYLAND CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ESSE ESSEX e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO Z 3. NAME OF First Year DECEASED 1966 ESSENGER NOV. (Type or print) DEATH AGE (In years IF UNDER YEAR I IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH NEVER MARRIED 7. MARRIED lost birthdoy) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN MESSENGER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service MANIE 7 WARREN MESSINGER 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: KIDNEY IMMEDIATE CAUSE (o) DUE TO METASTASES Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse last 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? MARGINAL ULCER SITE OF GASTROENTEROS TOMY NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 1949 to NOV. 30, 1966 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from NOV. 16 saw the deceased alive on NOV 27 1966, and that death occurred at 445PM, from causes and on the dote stoted obove. 220. SIGNATURE ATTENDING PHYS. M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 66 DEC mace

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending

TO FUNERAL DIRECTOR: After this certificate

funeral

ve corbon papers. Pages I event, within 72 hours after

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State Dept. of detached

director, page 3 should shauld be filed with the

VR A15 (4) (20 M 1/66)

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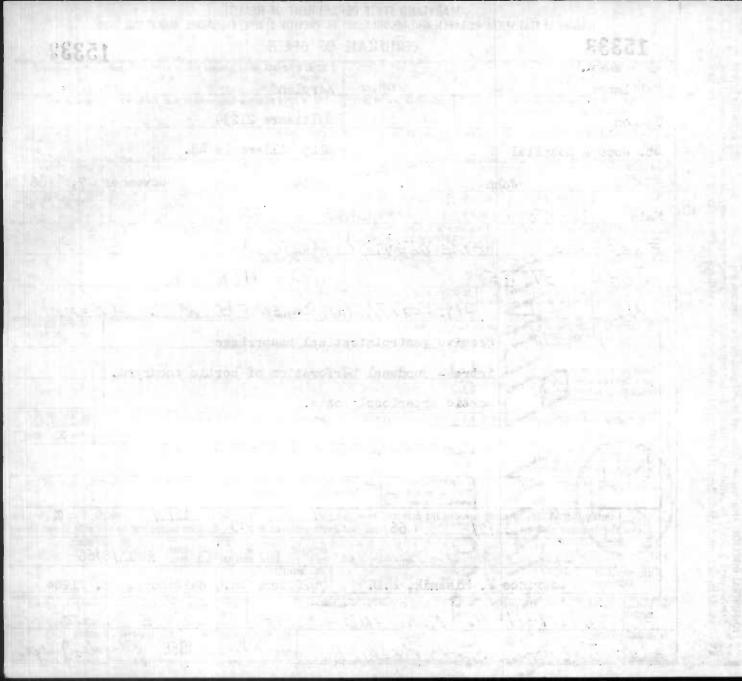
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15555	CERTIFICATE	OF DEATH		15332
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	o. STATE Maryland		timor-0
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporate limits, write RURAL and giv	ve neorest town)
	Towson		Baltimore 2	1234	03,/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	St. Joseph Hospital		8125 Hillen	dale Kd.	YES NO
	NAME OF First DECEASED (Type or print) John	m Middle Paul	Lost 4 Mettee	A DATE Month OF DEATH Novembe:	Doy Year r 7, 1966
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
1	Male WHITE V	WIDOWED DIVORCED	VOV. 25-140	6 59 yrs.	
dur	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	IDB. KIND OF BUSINESS OR INDUSTRY BALTE CITY	11. BIRTHPLACE (County & S BALTO, A	nd E	TIZEN OF WHAT
13.	JOHN METTER		IA. MOTHER'S MAIDEN NAM	ENNICK	
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of ser	rvice)	NFORMANT WIFE RS, FLORENCE	Address	SAME)
	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause	mer line for (o), (b), ond (c).) Massive gastrointes intra - duodenal pe Aortic arterioscler	rforation of		INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	2Do. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Por	t I or Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While of work of work	E OF INJURY (Home, form, ory, street, office bldg., etc.)		ounty) (Stote)
	21. I certify that (A) (this haspite saw the deceased alive an	al) attended the deceased fram $\frac{1}{7}$ 19 $\frac{66}{6}$, and that	.1/7/ , 19 t death accurred at <u>9</u>	*30 M, fram causes and an	
	220. SIGNATURE	9. Amound M.D). PHYS. \square DI		DATE SIGNED 8/66
	22c. PHYSICIAN'S NAME (Type) Lawrence	F. Misanik, M.D.		Rd., Baltimore, M	d. 21204
230	o. BURIAL, CREMATION, 23b. DATE THEREO	1/2/1	MEM. PARK	23d. LOCATION (City or Town) TAYLORAUE	(County) (Stote) BALTO, Md
2	4 JUNERAL DIRECTOR	ADDRESS SUSSE RELATED		y registrar 25b. registrar's 1	SIGNATURE Quelas

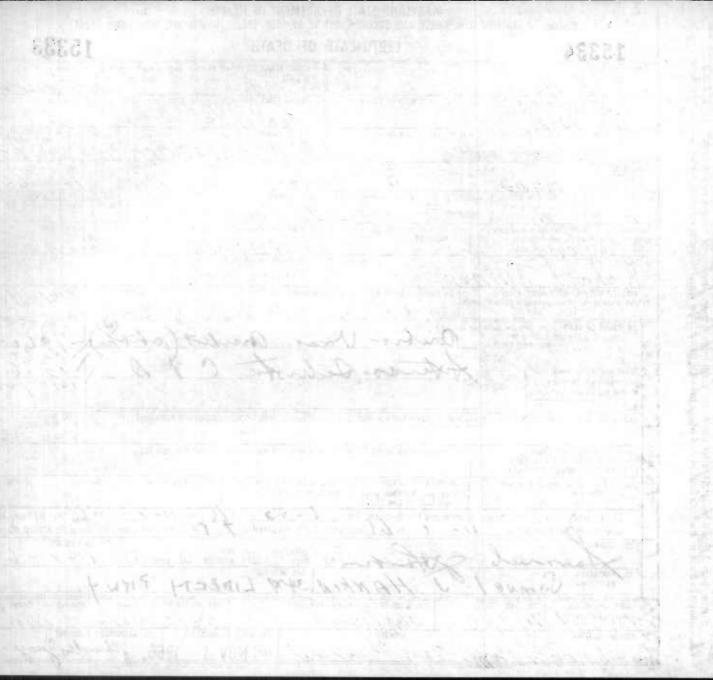
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. **FO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

. 2.		15334	CERTIFICAT	TE OF DEATH		15333
funeral and and er death		PLACE OF DEATH a. COUNTY Balton	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived, if institution b. COUNTY	
requires that the death certificate be executed within 24 haurs after death a physician. signed by the attending physician and campletely filled in by the funeral signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and burial, cremation, ar remaval, and in any event, within 72 haurs after death		b. CITY OR TOWN (If autside carparate I write RURAL and give nearest tawn) A. NAME OF HOSPITAL OR INSTITUTION (I		c. CITY OR TOWN (If outside of the control of the c	de carparate limits, write RURAI	L and give neorest town) 13.1 1 e. IS RESIDENCE
filled in papers.		3143 Yorkway	Dundalk	3010 L	arender	Are YES NO
ecuted withi campletely f ave carban y event, with		NAME OF DECEASED (Type ar print)	First Middle D	Neyers	OF NOW DEATH	Day Year /- 1966
and camp remave on any eve	S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/1/1890		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
icate be ex strian and please rem l, and in an	10o dur	. USUAL OCCUPATION (Give kind of work ding most of warking life, even 11 retired)	one 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	State, or fareign country)	12. CITIZEN OF WHAT
th certifica ding physic Then ple remaval, o	13.	FATHER'S NAME RICHARD TI	11-net	14. MOTHER'S MAIDEN NAM	1//an	
ne death certific attending phys permit. Then p ion, ar remaval,	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES, na, ar unknawn) (If yes give war or da		INFORMANT	Address 2148 40	xxxxx Pundal X
that the d an. by the atte transit perr cremation,		18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CA	Menitor 1	asc. On	feet (ohr	ONSET AND BEATH
physician. physician. signed by the burial-transit burial, cremat		Conditions, if any, which gave	(b) Arterxo-D	elista	C X D	13 66
e law requestending plants been signal as the budriar tabu	H	rise to immediate couse (o), stoting the underlying couse last.	(c)			10/31/66
	ATION	PART II. OTHER SIGNIFICANT CONDITION	IS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
af affi	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Par	rt I ar Part II of item 18.)	
IG PHYSIC the hospi r this certi detached te Dept. a	MEDICAL	20c. TIME OF INJURY Month, Day, Yes		PLACE OF INJURY (Home, farm, actary, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
ATTENDING stained by CTOR: After should be ith the Stat	1		hospital) attended the deceased from.	hat death accurred at Z	M, fram causes ar	, 19 that (I) (we) last
3		22a. SIGNATURE	0 - 20	M.D. PHYS. L. DI	ED. STAFF PHYS.	22b. DATE SIGNED
PITAL O may be ERAL DIF or, page J be filed		22 PHYSICIAN'S NAME (Type) Samu	el J HANK	22d. ADDRESS LIJ	BECTY PIY	WY.
TO HOSPITAL Page 4 may b TO FUNERAL D director, pag shauld be file		BURIAL, CREMATION, 23b. DATE	THEREOF 23c. HAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City or Town	(County) (Stote)
VR A15 (4)	24	FUNERAL DIRECTOR	Lange 7401 Belas	250. REC'D B	V REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE Clearley Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15335
CERTIFICATE OF DEATH
15334

				000
	1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
		1/0/4.10.05	a. STATE MADVIDANT B. COUNTY B.	alt, inpl
		b. CITY OR TOWN (If outside corporate limits, c, LENGTH OF STAY IN		and also poorest town)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	to c. Cut or town (if outside corporate limits, write rown.	and give hearest rown)
		Towson 3 day	5 DAMIMORE 2/2	36 03.1
	,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	ess) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
6	6	TREATER BAHIMARE Modual Center	43/3 + 11ch 140E.	YES NO
	3.	NAME DF DECEASED T First Middle	Last 4. DATE Month	Day Year
		(Type or print) John PREDERICK	MICHEL DEATH NOVEMBER	12 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	
	1	1A/e white WIDOWED X DIVORCED	9/8/83 Sist birthday) Months	Days Hours Min.
		. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
	dull	ing most of working life, even if retired) INDUSTRY Florist Own Business	BATTIMORE	UNTRY?
	13.	FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
		HENRY Michel		
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	
	(Ye	s, no, or unkown) (If yes give war or dates of service)	17. INFORMATI	
		No 213-36-5427T	HOSPITAL CHIKI	
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
١.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ia premocoual -	OHOLI MID DOM
И		493X DUE TO		11 days.
		Cenditions, If any, which) (b)		Tough
4		gave rise to Immediate		
		underlying acuse lock		
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
0	ATI	C. A. V. + l. a.C.	A P	PERFORMED?
0	FIC	master has present	DOGUDOUS AS IN THE STATE OF THE PARK I OF DOUBLE OF HOME TO	YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYMS ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.	,
			PLACE OF INJURY (Home, farm, 20f, (City or town) (Cou	nty) (State)
	EDICAL	Hour a.m. While Not While	factory, street, office bidg., etc.)	(0.00)
	ME	p,m. 19 at work at work		
		21. I certify that My (this hospital) attended the deceased from	1. 9/No , 1960, to 12/No , 196	c, that (we) last
		saw the deceased alive on 1966, and	that death occurred at 139 PM, from the causes and on the	
		22a. SIGNATURE	220. 0/	ATE SIGNED
		1. J. C. Cullis (1/1)	M.D. PHYS. DIRECTOR PHYS.	Nov60
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS D At 3-0 4	N 1-
1		1, C. Callis M.D.	greater Balliner Medical	Carlo
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETREMOVAL (Specify)	TERY OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
		Burial 11-16-1966 Parkwood Co	emetery Baltimore	Md.
	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'	SSIGNATURE
0	y	and a duneral Home 7401 R.Da.	Pare NOV 16 1966 Pala	rees Judge.
M		- Total Andrew	VVV	1/

VR AI5 (4) 20M 1/65

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS

MEDICAL EXAMINER	R'S CERTIFICATE OF DEATH
	MEDICAL EXAMINE

IAIL		13330		MED	ICAL EXAMINER 3	CERTIFICATE C	IF DEATH	1	.00011
EPT.		LACE OF DEATH				2. USUAL RESIDENCE (Where deceosed lived, if institu		before odmission)
1 (E	0	. COUNTY	Baltimo	ore	MARYLAND	a. STATE Mary.	land b. cou	Bal-	timore
	b	. CITY OR TOWN (I	f outside corporate limit	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RU	JRAL ond give n	eorest town)
L			rive nearesh town)		P	. []	iderwood		03-1
			AL OR INSTITUTION (If n		give street address)	d. STREET ADDRESS	T T 7		e. IS RESIDEN ON A FAR
L	_		Joppa Ro				Joppa Road		YES NO
	0	AME OF ECEASED (ype or print)	·	rles :	Middle Edward Mill		4. DATE Mor OF NOVEN	mber 1	3,1966
	S _M S	ale	6. COLOR OR RACE White	7. MARRIED : WIDOWED	NEVER MARRIED DIVORCED	April 23,	1896 AGE (In years lost birthdoy) 70 yrs.	Months D	YEAR IF UNDER 24 Doys Hours
	10o. durir	USUAL OCCUPATION Surveyo	(Give kind of work done life, even if retired)	10ь. кі Ва. Т	nd of business or Dustry to.Co.,Metro	11. BIRTHPLACE (Stote		12. CITIZE	EN OF WHAT ITRY? A
		FATHER'S NAME				14. MOTHER'S MAIDEN			
ĺ			John Mil	ler		Uı	nknown		
ſ	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of sorvice)		INFORMANT	Add	ress	
	1, 0.	Yes	(If yes give war or dates	2	14-16-8309 E	amily Rec	ords		
			ATH (Enter only one ca H WAS CAUSED BY: IMMEDIATE CAUSE		(a), (b), and (c).)	un Oc	chur		ONSET AND DEA
3		ラスフ / Conditions, if ony,	DUE which gove)	(b) (c)	homele	En	bhilson	ua-	107/1
		rise to immediat stoting the under lost.		(c)		U	11-1-1-1	1	1
11010	NOI	PART II. OTHER SH	GNIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		9. WAS AUTOPS PERFORMED YES NO
	CERTIFICATION	200. EXTERNAL CA PRIMARY or COI CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)		7 7.5
	MEDICAL	20c. TIME OF INJU	10	20d. IN While of work	Not While foc	ACE OF INJURY (Home, forn tory, street, office bldg., etc.		(Count	ty) (Sto
		21. I certify	that I taak charg		nains described abave, h	eld an Autapsy 🔲,	Inspection Ing	uiry ,	and in my ap
		death result	ed from: Natur	al Causes	Accident [], Sui	cide 🔲 Hamicide			
		ACTUAL	6/ 1	00/1	2/2	CHIEF MEDICAL			22. DATE SIG
		SIGNATURE	Morte	010	1 Sund		DICAL EXAMINER [ZZ. DATE SIC
		EXAMINER'S NAME (Type)	Chanla	- TP 01	Donnell, M.	DEPUTY MEDIC	AL EXAMINER (t, city, town, or county)	//	114/1
=	23o.	BURIAL, CREMATIC			23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	own) (Co	ounty) (Stot
		REMOVAL (Specify	NT OFF	16 106	t gotoma gon	+	Taskle corred 1.7	ו חרם	

Sons,

ADDRESS

Towson, Maryland

(County) (Stote)

15335

03-1 e. IS RESIDENCE ON A FARM? YES NO X

IF UNDER 24 HRS.

Min.

INTERVAL BETWEEN ONSET AND DEATH

79. WAS AUTOPSY PERFORMED? YES [

NO

(Stote)

and in my apinian

22. DATE SIGNED

23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY Saters Cemetery 2So. REC'D BY REGISTRAR

Luthervill 25b. REGISTRAR'S SIGNATURE

1966

VR A15ME (5) 6M 1/66

REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR Burns

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	19993	CERTIFICATI	C OL DEVIL		10000
1.	PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If insti	itution: Residence before/admission)
	a. COUNTY		a. STATE	b. COUNT	Y
	Hallemore.	MARYLAND	MICH		
	b. CTTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENCTH CF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, writ	e RURAL and give nearest town)
	TOWSON	10 8445	HUBBE	44	59.3
	d. NAME OF HOSPITAL OR INSTITUTION (if not In	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Greater Balto M	ed. Eenter			YES NO P
3.	NAME DF FIRST	Middle	Last	4. DATE Month	Day Year
	(Type or print)	M	antice//a	DF DEATH	10 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 18	. DATE OF BIRTH	9. AGE (In years 1	FUNDER 1 YEAR IF UNDER 24 HRS.
	F /// WIDOWED		15-11/100		Months Days Hours Min.
1Da		IND OF BUSINESS OR	-/-//	nunty & State, or foreign country)	12. CITIZEN OF WHAT
dur		NDUSTRY,	T. BIRTOPLACE (CO	unity of State, or foreign country)	COUNTRY?
	HOUSEWIFE	N.A.	1/1/2	/ V	U.S.A.
13.	FATHER'S NAME	+41	14. MOTHER'S MAID	ENNAME	
Y	awrence Manze	171	Maria	1 /lanze	171-ROSSIO
15 (Ye	s. no. or unknwn) ((If we nive war or dates of service))		INFORMANT	Address	
``	No 37	18-30-3601	405P1+41	RECORDS.	
1	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	dire motor	le cure		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	0			
٩.	Conditions, If any, which	into to to		155EMIN YAT	ED
	gave rise to Immediate (b)	1. A. I.C. 1.4	The course of	VADUANAL	
	cause (a), stating the DUE TO	MALICINA	-NI	A In Internation	T-
	underlying cause last. (c)	2 bits - Com		· ·	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION CIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT					YES NO
트	20a. ACCIDENT WAS UNDERLYING 1 20b. I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		NJURY OCCURRED 20e, PLAC	CE OF INJURY (Home, fai	rm. 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While	Not While factor	ry, street, office bldg., et	:c.)	
M.	p.m. 19 at work	at work			
-	21. I certify that (I) (this hospital) attended	ed the deceased from 15	<u> </u>		, 1966, that (I) (we) last
	saw the deceased alive on Nov. 10	19 <u>66</u> , and that	death occurred at	<u>1.30 PM</u> , from the causes a	
	22a. SIGNATURE			ATACC	22b. DATE SICNED
	Kumbolos	M.D	. PHYS.	MED. STAFF PHYS.	11-10-66
	22c. PHYSICIAN'S NAME (Type)	1016	22d. ADDRESS	Baltimore Medi	-1 Co. h-
	NAME (Type) Jora C. Kuw	11549	Greate h	sairimore leal	91 6640
23a	. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	wn or county) (State)
	Burial Nov. 14.66	Loke View		Calumet, Mic	ch.
24	FUNERAL DIRECTOR	ADDRESS	25a REC	D BY REGISTRAR 25b. RE	GISTRAR'S SICNATURE
	Wm, Cook-Brooks Towson, T	owson Md	DATE	14 1966 xche	mes Judge
	wai, COOK-DIOOKS TOWSOII, I	Owson, ma.	DAIL		- Company

VR AI5 (4) 20M 1/65

15338

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CFRTIFICATE OF DEATH

15337

1. PLACE OF DEATH a. COUNTY Baltimone MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. STATE b. COUNTY Belfinore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Towson	Lutherville 21093
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Greofer Balto. Medical Center	512 Morris Ave. YES NO
3. NAME OF DECEASED (Type or print) Baby Boy M	Last 4. DATE Month Day Year OF DEATH // 22 1964
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
M White WIDOWED - DIVORCED	11-22-66 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Morgan	Bernice Kenney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	other's + Baby's chart (Hosp. Records)
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Reshira	for litres
7630 DUE TO 01/0	2-4 hs
conditions, if any, which gave rise to immediate (b)	estres syndrome. a 44.
cause (a), stating the underlying cause last. (c) Askiroskir	in Inymore.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
Hour a.m. While - Not While - factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from 4	30an 11/2 2 19 66 to 12 noon 11/22 19 66, that (1) (We) last
saw the deceased alive on 27 19 66 and that	death occurred at 12 NCM from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
fleenwoonlend	ATTENDING MED. PHYS. DIRECTOR PHYS. X 11/22/66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
LOIS MART ACHIMOVICH	GREATER BALT MEDICENTRE
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 11/23/1966 Ebeneezer Met	hodist Cem. Chase, Balto, County, Md.
24. FUNERAL DIRECTOR ADDRESS	Relto 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Chenon Lemma 4611 Park Heights Ave.	Balto DATE 25 1966 Charles Judge
6-233616	

AI5 (4) M 1/65

(207000 , 2807)

Eurinl 114/23/1966 Connesser Metrovist Dem. Chrose, Balto, County, Na.

4611 Part Dalgits Ave. 1-150.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15339 CERTIFICATE OF DEATH the funeral ages 1 and 2 rs after death. be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY b COUNTY filled in by the 12ve carban papers. Pages 1 event, within 72 haurs after MARYLAND b. CITY OR OWN (If ourside corporate I c. LENGTH OF STAY IN 16 corporate limits, write RUPAL and give nearest town) INSTITUTION (If not in hospital, give street address d. STREET IS RESIDENCE ON A FARM? NO 3. NAME OF Middle Month Doy remove carban Lost Year campletely DECEASED 19 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdov) Months Dovs Hours and in any DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Idn please certiffeate FATHER'S NAME phys attending pur remaval, WAS DECEASED EVER IN U.S. ARMED FORCES the death (Yes, no ar wiknown) (If yes give wor or dotes of service) 0 crematian, CAUSE OF DEATH (Enter only one couse per line for (o). INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY ATTENDING PHYSICIAN: The law requires that IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be retained by the haspital or attending prior ta has been the last. use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? State Dept. of Health NO this certificate 0 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m While Not While factory, street, office bldg., etc.) ot work of work O FUNERAL DIRECTOR: After pe 195 4 21. I certify that (I) (this haspital) attended the deceased fram. with the and that death accurred at 2 5 M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED directar, page 3 shauld be filed v M.D. DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23g_BURIAL, CREMATION, CEMETERY OR CREMATORY. 23d. LOCATION (City of Town) (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTO 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

hours after death.

executed within

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	15340		CERTIFICAT	E OF DEATH		15339
1.	PLACE OF DEATH a. COUNTY	Baltimore	MARYLANO	a. STATE Mary.		Baltimore
		(if outside corporate limits, nd give nearest town)	c. LENGTH OF STAY IN 1b	Dundalk	utside corporate limits, write f	03.1
	Res., 823	ITAL OR INSTITUTION (If not in h Cornwall Road		d. STREET ADDRESS 8234 Cornw	all Rd. 21222	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First Theodore		Last		Day Year Der 20-1966
	Male:	White: WIDOWED	DIVORCED [8. OATE OF BIRTH Oct. 23-1914	oz yrs.	INDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
du	ing most of working	N (Give kind of work done 10b. kg life, even if retired) Driver, Dispense	NDUSTRY		nty & State, or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	nry Mueller		Mary Do		
15 (Y	was DECEASED EV	Leves when we was an debag of coming)		informant fe, Mrs. Jane	Address et Mueller, # 2,	a,b,c,d.
	PART I. DEAT	ATH [Enter only one cause per I TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (a), (b), and (c).]	al Infan	lin	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If an gave rise to it cause (a), statunderlying cause	mmediate DUE TO				
CERTIFICATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO NO
CERTIF	20a, ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIL	AS UNDERLYING 20b. G CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II of it	em 18.)
MEDICAL	20c. TIME OF IN Hour a.m. p.m.	JURY Month, Day, Year 20d. While 19 at wor	Not While facto	ACE OF INJURY (Home, far ory, street, office bldg., etc	m, 20f. (City or town)	(County) (State)
	saw the dece	that (I) (this hospital) attendased alive on		18/18 , 19 t death occurred at \$2	P.M. from the causes and	196, that (I) (we) last d on the date stated above.
	22a. SIGNATURE	arh R. Mor	gan M.	ATTENDING M. D. PHYS. DD	IRECTOR PHYS.	2b. DATE SIGNED Nov. 21-1966
=	NAME/(Typ	e) Zachariah Mo	rgan		E. Eager St. Ba	or county) (State)
	BURIAL CREMA REMOVAL (Spec		23c. NAME OF CEMETER Sacred Heart ADDRESS	of Jesus	Dundalk, Maryl	
24	John J. D	uda, Dundalk, Ma				Charles Judge

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then the present remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

SESA Commend Bd. Clare

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Ambriance Science, Margareness Bothwolms Steel Co. | American

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doing a String hundred, Secretary 21022

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15341
CERTIFICATE OF DEATH
15340

1. PLACE OF DEATH 9. COUNTY				2. USUAL RESIDEN	ICE (Where dec Texas		titution: Resider		dmission)
Baltimore			MARYLAND						1
write RURAL a	(if outside corporated give nearest tow	n)	c. LENCTH DF STAY IN 1b	c. CITY DR TDWN (I		porate limits, wr	ite RURAL and	give neares	st town)
d. NAME DF HOSP	JSON ITAL OR INSTITUTIO	N (if not In h	ospital, give street address	d. STREET ADDRESS	3		80	e, IS RES	IDENCE
			e, lll West Rd.	TI .	- State of the			YES T	NO .
3. NAME OF DECEASED (Type or print)		rst	Middle	Last	4. DATE OF DEATH	Month			
	Th S. COLDR DR RACE	OMAS 7. MARRIED	M.	Murphy 8. DATE OF BIRTH	LO	ACE (In years I	V 2	RUF LINDE	66 24 HRS
Male	White					-last birthday)	Months Days		Min.
10a. USUAL DCCUPATIO		WIDOWED	IND DF BUSINESS OR	Sept. 14, 1		yrs.) 12. CITIZE	N OF WHAT	
during most of working	g life, even if retire	d) I	NDUSTRY		County or State,	or foreign country	COUNT	RY?	
Salesman 13. FATHER'S NAME		Ma	arlin Fire Arm	Malden.	Mass.		U.	S.A.	
James	MURPH	14		Ellen(NO	T KNO	(Music			
15. WAS DECEASED EV (Yes no, or unkown)	ER IN U.S. ARMED FO	f coming)		INFORMANT		Addres			
No	ir yes give nas or quies o	Jei Mee)	113 05 1059 1	Dorothy M. E	still,	Towson,	Md. 212	.04	
18. CAUSE OF DE	ATH [Enter only on	e cause per l	ine for (a), (b), and (c).]				IN	ERVAL BE	TWEEN
PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE	(2) 14	501T 2000	1112			U	SET AND	W.
4201	DUE DUE		The same	9 ~	1			21	
Conditions, If an		(b) C	ONDUAS.	Rear 1	Cisea	Al		fra	Ws.
gave rise to In			7					1	
cause (a), stat	ing the	(c)							
7			UTINC TO DEATH BUT NOT RE	ATED TO THE TERMINAL	DISEASE CON	DITIDN CIVEN IN		PERFOR	TOPSY MED? ND #
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NDTI	AS UNDERLYING TO CAUSE OF DEAFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY DC	URRED. (Enter nature	of injury in Pa	art I or Part II o	f item 18.)		
_1	JURY Month, Day,	Year 20d. I While at wor	Not While fac	ACE OF INJURY (Home, lory, street, office bldg.,	farm, 20f. (etc.)	(City or town)	(County)	(5	State)
	that (1) (this hose		ed the deceased from		190% to	11121	19/16	that (I) (v	ue) last
	ased alive on	11/20		at death occurred at		om the causes			
22a. SICNATURE		mi	12	ATTENDING	MED.	STAFF	22b. DATE :	IGNED 166	
22c. PHYSICIAN	S	, , ,	M	D. PHYS. 2	DIRECTOR	PHYS	11/41	100.	
NAME (Type	liam F. Fi	ritz							
23a. BURIAL, CREMAT REMDVAL (Spec	lfy)		23c. NAME OF CEMETER			CATION (City, to			tate)
Burial 24. FUNERAL DIRECT		3,1966	New Cathed ADDRESS	lral 25a. R	EC'D BY RECIS	timore, STRAR 25b. RI	Baltimo EGISTRAR'S SI	CNATURE	
Wm. Cook-	Brooks Tow	son, T	owson, Md.	DATE	MON 5 3	1966	Marle	Jud	are .

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and any low reports Townson, Townson, Md.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15342		CERTIFICATE	OF DEATH	15	341
1. PLACE OF DEATH a. COUNTY BA	LTIMORE	MARYLAND	2. USUAL RESIDENCE (Where dec a. STATE MARYLA	eosed lived, if institution: Residence b. COUNTY	re befare admission)
	nearest tawn).	c. LENGTH OF STAY IN 16 9 YEARS	c. CITY OR TOWN (If autside corp	orote limits, write RURAL and give	19.2
4 -	INSTITUTION (If not in haspital, g		d. STREET ADDRESS not kn	own	e IS RESIDENC ON A FARMS YES NO
3. NAME OF DECEASED (Type ar print)	LANCHE		EWNAM OF DEA	TH NOU	Day Year 28 196
FE	OLDR OR RACE 7. MARRIED WITH TE WIDOWED	DIVORCED	9 /2-3/18 82	last birthday) Months yrs.	Doys Hours N
		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, a) MARYLA	COL	UNTRY? U-S.
	ORKRAN		14. MOTHER'S MAIDEN NAME JULIA	SHAFFE	R.
(Yes, na, or unknawn) (If yes		SDCIAL SECURITY NO. 17. 1 20-54-6541	Masmie l	Home Reco	rde.
1B. CAUSE OF DEATH (PART I. DEATH WAS 4200	Enter only one cause per line for S CAUSED BY: 1MMEDIATE CAUSE (a) DUE TO	(o), (b), and (c).) SPIRATION	BROWCHOP	NEUMONIA	INTERVAL BETWEE
Conditions, if any, which	gave) (b)	CHERIOSCLE	- Rotic HEA	THE DISERS	1
Conditions, if any, which rise to immediate caus stating the underlying last.	n gave (b) DUE TO (c)	REBRAL S	CLEROSIS.	164 1713 645	NOV 28,
rise to immediate caus stating the underlying last. PART II. OTHER SIGNIFIC.	se (a), couse DUE TO 3 (c)	FREBRAL S	CLEROSIS.		NOV 28, E
rise to immediate caus stating the underlying last. PART II. OTHER SIGNIFICATION OF CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICATION OF CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICATION OF CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER) (IF EITHER, NOTIFY MEDICATION OF CALL (IF EITHER) (IF EIT	ANT CONDITIONS CONTRIBUTING TO USE OF DEATH	EREBRAL S	CLEROSIS.	IVEN IN PART 1(a)	NOV 28, 0 19. WAS AUTOPS: PERFORMED?
rise to immediate caus stating the underlying last. PART II. OTHER SIGNIFICATION OF CONTRIBUTING CANCEL CA	ANT CONDITIONS CONTRIBUTING TO CRLYING CONTRI	SCRIBE HOW INJURY OCCURRED. NURY OCCURRED Out While of work	(Enter nature of injury in Part 1 or 1) E OF INJURY (Home, form, pry, street, affice bldg., etc.)	IVEN IN PART 1(a) Part II af item 1B.)	19. WAS AUTOPS PERFORMED? YES NO
rise to immediate caus stating the underlying last. PART II. OTHER SIGNIFICATION OF CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL (IF EITHER) (IF EITH	ANT CONDITIONS CONTRIBUTING TO LISE OF DEATH AL EXAMINER) IONTH, Day, Yeor 20d. IN While	SCRIBE HOW INJURY OCCURRED. WURY OCCURRED Not While at wark ded the deceased from	(Enter nature of injury in Part 1 or 1) E OF INJURY (Home, form, pry, street, affice bldg., etc.)	IVEN IN PART 1(a) Part II af item 1B.) . (City ar tawn) (Cou	19. WAS AUTOPS) PERFORMED? YES NO
rise to immediate caus stating the underlying last. PART II. OTHER SIGNIFICATION OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICATION OF CONTRIBUTING CAUSE) 20c. TIME OF INJURY MAD A LONG CAUSE CAU	ANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTIONS TO C	SCRIBE HOW INJURY OCCURRED. WURY OCCURRED Not While at wark ded the deceased from	THE TERMINAL DISEASE CONDITION G (Enter nature of injury in Part I or left) E OF INJURY (Home, form, ory, street, affice bldg., etc.) I death occurred of ATTENDING MED. ON ATTENDING MED. DIRECTOR	Part II af item 1B.) . (City ar tawn) (Cou	19. WAS AUTOPS: PERFORMED? YES NO State (State ATE SIGNED.
rise to immediate caus stating the underlying last. PART II. OTHER SIGNIFICATION OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OF INJURY MOUNT A.M. 20c. TIME OF INJURY MOUNT A.M. 21. I certify the saw the decease	ANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION TO	SCRIBE HOW INJURY OCCURRED. WURY OCCURRED Not While of wark of the deceased from 19 6 4, and tho	THE TERMINAL DISEASE CONDITION G (Enter nature of injury in Part 1 or 1) (En	Part II of item 1B.) (City or town) (Coup., to 28, 19.6 2M, from couses and on the Phys. 122b. DA	19. WAS AUTOPSY PERFORMED? YES NO No (State of that (1) (we) ne dote stated at

an and campletely filled in by the funeral statements are remove carbon papers. Pages 1 and 2 and 10 any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysicial director, page 3 shauld be detached far use as the burial-transit permit. The "offers should be filed with the State Dept. af Health priar ta burial, crematian, ar remands, and it

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15343 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY more MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) RURAL and give negrest town 20 days BALTIMOR d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO [NAME OF Middle 4. DATE First Last Manth Year Day DECEASED 0F 19 66 (Type ar print) DEATH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Haurs DIVORCED 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) INDUSTRY COUNTRY? MNSV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (Yes, na, ar unknawn) (If yes give war ar dates af service WilhELM St. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City ar tawn)

(Caunty)

1966, that (1) (we) last

(State

saw the deceased alive on. 22a, SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

Haur a.m.

Nat While

at wark

ATTENDING M.D. PHYS 22d. ADDRESS

10-12

factory, street, affice bldg., etc.)

MED. DIRECTOR PHYS.

1966, and that death occurred at 600 M, from couses and on the date stated above.

STAFF

23d. LOCATION (City ar Tawn)

19_66, ja

22b. DATE SIGNED

(Caunty)

23a. BURIAL, CREMATION REMOVAL (Specify)

23b. DATE THEREOF

melle

21. I certify that (I) (this haspital) attended the deceased fram-

23c. NAME OF CEMETERY OR CREMATORY Loudon PARK

BALT

MORE

2Sq. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE 1966

O FUNERAL DIRECTOR: After director, poge should be filed VR A15 (4) 20 M 1/66

filled in by the funerol in papers. Pages 1 and 2 within 72 hours after death.

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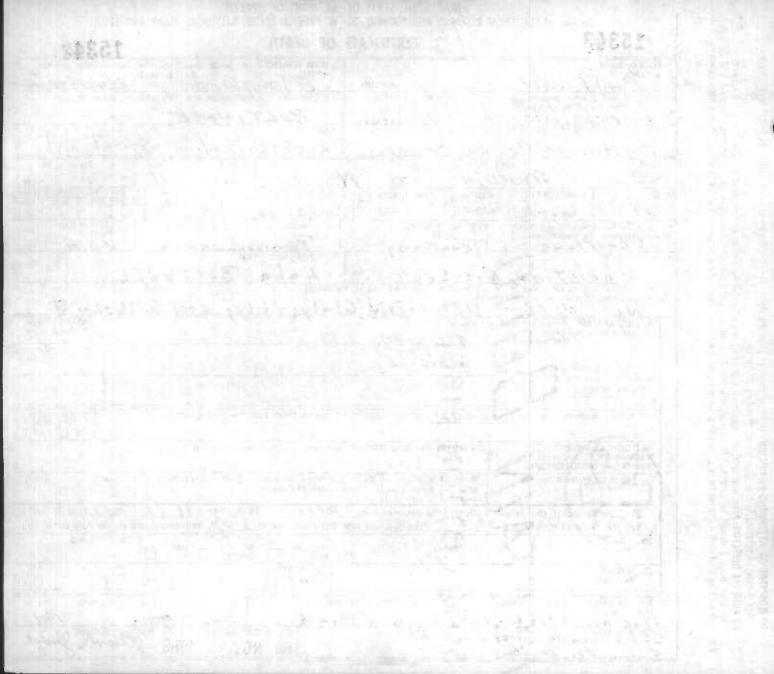
hos been

this certificate

be retained by the haspital or attending physician.

O HOSPITAL

The low requires that the death certificate be executed within 24 hours after death.



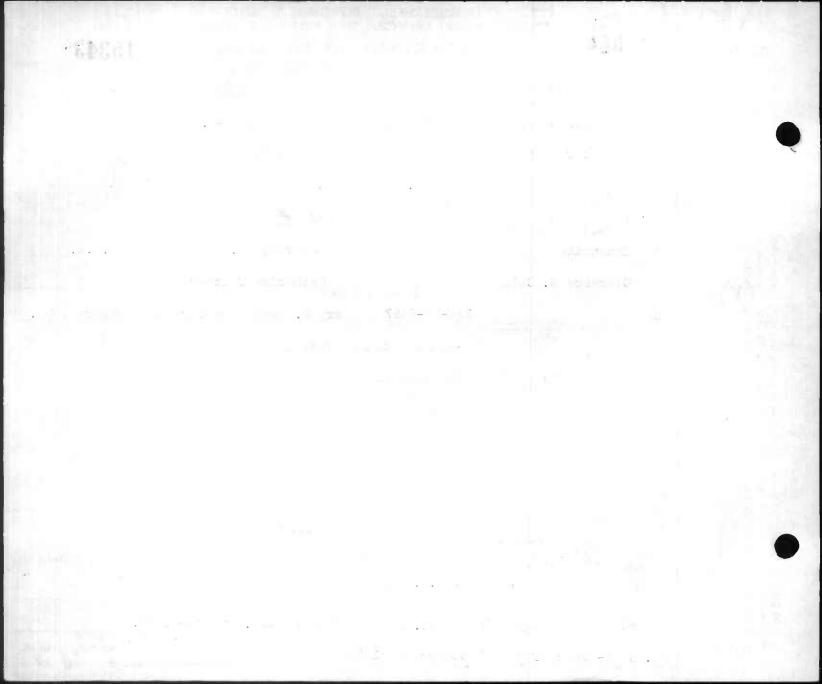
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15344

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15242

	JAI			DICAL EXAMINER 5	CERTIFICATE O	DEATH	10030
EALTI	H DEPT.	F	. PLACE OF DEATH				tian: Residence befare odmissian)
10 to 10	to to		a. COUNTY Baltimore	MARYLAND	a. STATE	faryland b. COU	Baltimore
delay and 3	partment af after death.		b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b		itside corporote limits, write RL	
y deld , and PM3	rtm er (write RURAL ond give neorest town) Sparks-rural	6 months	Sna	rks - rural	03,1
2		1	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspito		d. STREET ADDRESS	irks - Idrai	l e. IS RESIDENCE
- ' E	ate De	0	Walters Lane		Walters	Lane	ON A FARM?
age h f	State Department 2 hours after deat	-	3. NAME OF First	Middle	Lost	4. DATE Mon	
e P.	0		DECEASED (Type or print) Dorothy	E .	Noel	0.5	27/66
atter death. It (8. Give Pages 1, olong with form	th th	-	S. SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	9, AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H
18 at			female white WIDOWE		11/4/33	last birthdoy) 33 yrs.	Months Days Haurs Mi
24 haurs atter death. It is in Item 18. Give Pages 1, r's Office along with form	pages land2 with thin any event within	+	TCMATC WILLOC	KIND OF BUSINESS OR	II. BIRTHPLACE (Stote		12. CITIZEN OF WHAT
74 h in Ite	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 1	luring mast af warking life, even if retired) Housewife	INDUSTRY	Sparks,	Md	COUNTRY? U.S.A.
	pages 1 in any	H	13. FATHER'S NAME		14. MOTHER'S MAIDEN I		0.0.11.
within pencil			Clarence G. Cole		Katherine	Thacker	
	T# B		IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Addr	ess
	N S		(Yes, na, ar unknown) (If yes give war ar dates af service)	214-30-6187 На	arry F. Noel	. Walters La	ne Sparks, Md.
shauld be executed e ward "pending" in the Chief Medical F	a burial-transit permit crematian, or remaval,	F	1B. CAUSE OF DEATH (Enter only one cause per line f				INTERVAL BETWEEN
. pe	insit or r		PART I. DEATH WAS CAUSED BY:	eumatic heart di	isease		ONSET AND DEATH
p drd	In,		4/6/ DUE TO				
har y	uria atic		Conditions, if any, which gave) (b)				
the the	a b		rise to immediate couse (a), Stoting the underlying cause				
ing	as I, c		last. (c)				
s certiticate shavid be execute e, writing the ward "pending" forwarded to the Chief Medial	be used as	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
This circate, be for	be u						YES NO
Name .	ld b		20a. EXTERNAL CAUSE WAS PRIMARY OF OF ATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	Partial
cent all	files. 3 shauld nt, priar		CAUSE OF DEATH.				
AL EXAMINEK: This execute the certificate, Page 4 shalld be for			20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19		CE OF INJURY (Home, farm ory, street, affice bldg., etc.)		(Caunty) (State)
	yau yage		p.iii.	vark 🔲 at wark 🔲	Partial		
execute	R: Far		21. I certify that I taak charge of the r			_ ' '	uiry 🔲 , and in my apin
J 4 5	ained far y IRECTOR: Po designated		death resulted fram: <u>Natural causes</u>	₹, Accident , Suic	ide, Homicide		nanner
MEC.	de de		ACTUAL Megano In	5/1/	CHIEF MEDICAL		22. DATE SIGN
d /	AL AL		SIGNATURE		M.D. ASSISTANT MED DEPUTY MEDICA	ICAL EXAMINER S	
necessary, please	5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age	2	EXAMINER'S Werner U. Spit	z/ M.D.		r, city, tawn, ar county)	11/27/66
nece:	Eal E	F	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	own) (County) (State)
= -	1,5 ± 0		REMOVAL (Specify) Burial 11/30/66	St. James E	piscopal Cer	Monkton, M	ſd.
1.1	D AJEHE (EM)	0	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'I	BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE
V	R A15ME (5) 6M 1/66	10	Wm. Cook-Brooks Towson 10	50York Rd, 2120	4 DATE	DEC 1 1966	Inances made



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15345 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH b COUNTY o. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Catonsville Syromthldy Parkton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Rayvill Road - Route SPRING GROVE: STATE HOSP ITAL 4 DATE NAME OF Middle First Lost DECEASED November Mary Noel DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months March 1, 1879 WIDOWED DIVORCED female white 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) (g) during most of working life, even if retired) **LNDIISTRY** unknown Mi saouri 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Moses A. Greenstreet Frances 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service unknown Records : SPRING GROVE STATE unknown 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Myocardial infarction, acute IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gove Arteriosclerotic cardiovascular disease (b) rise to immediate couse (a), DUF TO stating the underlying couse last. Arteriosclerosis, generalizad PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour a.m. factory, street, office bldg., etc.) at wark at wark 61 to Nov. 21. I certify that (this hospital) attended the deceased fram 3:35m, from causes ond on the date stoted abave saw the deceased alive on Nov. 3 19 66, and that death occurred at 22a, SIGNATURE **ATTENDING** STAFF DIRECTOR 22c. PHYSICIAN 22d. ADDRESS SPRING GRO VI NAME (Type) M.D. Young, Anthony

TO FUNERAL DIRECTOR: After directar, page shauld be filed Page 4 may VR A15 (4) 20 M 1/66

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ve carban papers. Pog event, within 72 haurs

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Health

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attending phy: permit. Then remayal

signed by the burial-transit p

has been see as the the prior to b

by the haspital ar attending physician.

be retained

this certificate Or

by the funeral Poges 1 and

the death certificate be executed within 24 hours after death.

FUNERAL DIRECTOR 24.

23a. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE THEREOF

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR

23d. LOCATION (City or Tawn)

Co. ML 2Sb. REGISTRAR'S SIGNATURE incles

(County)

22b. DATE SIGNED

11-3-66

(County)

Baltimore

Day

Doys

12. CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE ON A FARM?

□ NO □

19 66

IF UNDER 24 HRS

Hours

HOSPITAL

acute

5 yrs

unknown

19 65 hat # (we) last

WAS AUTOPSY PERFORMED?

NO

(Stote)

(State)

INTERVAL RETWEEN

ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15346

CERTIFICATE OF DEATH

15345

1. PLACE OF DEATH 0. COUNTY BALTIMORE	MARYLAND		rere deceosed lived, if institution b. COUN	on: Residence before odmission) ITY ANNE ARUNDEL
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. LENGTH OF STAY IN 1b 28 DAYS	c. CITY OR TOWN (If outs	ide corparate limits, write RUR	(AL and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION H	OSPITAL	P. O. Box '	743	YES NO K
3. NAME OF First DECEASED	Middle RANDOLPH	NOTO	4. DATE Month	Doy Year EMBER 17 19 66
(Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED		JUNE 17, 1919	Ance hirehday	Months Doys Hours Min.
during most of working life, even if retired)	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County & BALTIMORE	Stote, or foreign country) MARYLAND	12. CITIZEN OF WHAT
13. FATHER'S NAME SALVATORE NOTO		14. MOTHER'S MAIDEN NA SALVATRIC	CE CIMINO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dotes of service)	SOCIAL SECURITY NO. 17. 16 03 85 38 CL	IN.RECORDS,	Addre	FT HOWARD, MD.
Conditions, if ony, which gove isse to immediate couse (o), stoting the underlying couse lost. Conditions, if ony, which gove isse to immediate couse (o), but TO could be underlying couse (c).	CINOMA OF THE	100°		19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 of wor		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
saw the deceased alive an 11/17	idea the deceased tram 💵	0/21/66 , 19 t death accurred a f L	, ta 11/17/66 1:20PM fram causes	
22c. PATSICIAN'S CEORGE C. MC ELF	ATRICK, M. D.	D. PHYS. L	HOWARD, MARY	
230. BURIAL, CREMATION, REMOVAL (Specify) 11/22/1966 24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR BALTIMORE NA.	TIONAL	23d. LOCATION (City or Tov BALTIMORE , 1 BY REGISTRAR 25b. REI	
G	EORGE J. BONCE	FUNERAL HOM	ROV 2 3 1966	Jelianles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provision and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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	VAL FORE HOLARD, MA			
GAATTAT	DOWN MAN LANGE	SIL ABOLTELAR - SE	7. 7	ATTION
	A PARTICIAL TO THE STATE OF THE			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attention on campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1534	7	CERTIFICATI	E OF DEATH		15346
I. PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (p. STATE Maryland	Where deceosed lived, if institution: b. COUNTY	Residence before odmission)
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 1b		utside corporote limits, write RURAL o	and give nearest town)
write RURAL o	and give neorest town)	Read Street Library	Baltimore		.30.4
Towson	DITAL OF INSTITUTION (If not	in hospitol, give street oddress)	d. STREET ADDRESS	سلمان	e. IS RESIDENCE
	h Hospital	iii iiospiioi, give sireer oddiess)	3908 N. Ch	narles St.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First E1 4	zabeth R.	NOVAK	4. DATE Month OF DEATH Novem	Doy Year ber 28, 1966
S. SEX		7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
Female	White		October 25,	1885 lost hirthdoy) Mc	onths Doys Hours Min.
	ON (Give kind of work done ng lite, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY OWN Home		y & Stote, or foreign country) assachusetts	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		1 OMIT HOUSE	14. MOTHER'S MAIDEN		UeDeHe
	70				
	Rogers	THE COCIN COCINITY NO. 1.17	Josephir	ne Plummer	
	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of		INFORMANT	Address	
No		220-44-8365 Mr	s Wm F Scl	omick.315 Over	hill Road
1B. CAUSE OF	DEATH (Enter only one couse	e per line for (o), (b), and (c).)			INTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY:	Bilateral confluen	nt bronchopr	neumonia	ONSET AND DEATH
1/4	IMMEDIATE CAUSE (c				
Conditions if an	DUE T	0			
Conditions, if or)			
stoting the und		0			
last.	(4	:)			
PART II OTHER	SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(n)	19. WAS AUTOPSY
Myoca	ardial infarc		THE TERMINAL DISEASE CO	ADMINITION OF EAT IN FACE TO	PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF IN	NJURY Month, Doy, Yeor o.m. p.m. 19		ACE OF INJURY (Home, for tory, street, office bldg., etc.		(County) (Stote)
21. I cer saw the	tify that (A) (this bosy deceased alive an	ital) attended the deceased fram_ 128/ 19_66, and the	11/8/ at death accurred a	19 <u>66</u> , ta <u>11/28/</u> t §: 30 M, fram causes and	, 19 <u>66,</u> that (X (we) la I an the date stated abav
22o. SIGNATUR		Viule G Mir. M		MED CTAFF	22b. DATE SIGNED 11/29/66
22c. PHYSICIAN NAME (Typ	v's Reynaldo	Orjuela-Gomez, M.D.	7620 York	Rd.,Baltimore,	Md. 21204
30. BURIAL, CREMAT	TION, 23b. DATE THER	EOF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial (Speci	ify) 11/30/	1966 Druid Rid	ge	Pikesville	
24. FUNERAL DIRECT	TOR	ADDRESS POR	2So. REC		RAR'S SIGNATURE
.W.Jenk	ins & Sons	Co.4905 York Rose Balto.12. I	DATE N	OV 30 1956 /	lisales judge

15346		1535	
	NAME OF STREET		a thair il sa
	The second of the second		Abdaman Japana . J.
N. S. Herman		. dandest	
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	and the state of t		
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		,	La Marie Carlos de Carlos
7 7 7 V		1 1 1 1 1 1 1 1 1 1	
W			Manual Committee
4			
			top a plant

OR ATTENDING PHYSICIAN: Interior required to be retained by the hospital or attending physician.

V be retained by the hospital or attending physician.

NECTOR: After this certificate has been signed by the attending physician and complete the properties of the following the standard of the properties of the properti death. Page A SECTOR: After this certificate has been signed by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the afterding director, page 3 should be detached for use as the burial-transit permit. Then per be filed with the State Dept. of Health prior to burial, cremation, or removal, end VR A15 (4) 15M 9/60

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MARYLAND	STATE DEP	ARTMENT	OF	HEALT

H DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15210 CERTIFICATE OF DEATH 15217

	0.30				101	171
1. PLACE O	F DEATH			E (Where decessed lived, If		before edmission)
4, 000,11	Baltimore	MARYLAND	o. STATE Mary	l and	Bult	NE C
	R TOWN (if outside corporete limits, RURAL end give neerest town)	c. LENGTH OF STAY IN 16		outside corporete limits, writ	e RURAL end give nee	erest town)
200	ddle River	4 mo.	Midd	le River		02-1
	OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS			. IS RESIDENCE
21	21 Graythorn Ro	ad	2121 Grav	thorn Road		YES NO
3. NAME O	F First	Middle	Last	4. DATE Mont	h Dey	Yeer
(Type or p		W.	NOWICKI	DEATH Novem	ber 29,	1966.
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED X	. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF	UNDER 24 HRS.
Male		OWED DIVORCED	11/13/20	last birthdey)	Months Deys	Hours Min.
10a. USUAL	OCCUPATION (Give kind of work 10	b. KIND OF BUSINESS OR INDUSTR	, , , , , ,	y & Stete, or foreign country)	12. CITIZEN OF	WHAT COUNTRY
Fime K	most of working life, even if retired)	Bendix Corp.	Marylan	a	U.S.A	
13. FATHER'S	S NAME	Denaty Corb.	14. MOTHER'S MAIDEN	NAME		
7	Walter Nowic	ki	Mary Jur	kowski		
15. WAS DEC	EASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	5	
Yes	nkown) (If yes give wer or detes of service)	14-14-2688 Mrs	Helen Pat	ricia,1227	Neighbor	e Ava
	USE OF DEATH [Enter only one ceuse		6	0	INTER	VAL BETWEEN
PA	RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ecute (000)	ncery Oc	clusion	ONSE	T AND DEATH
1	20./ DUE TO	1 0 0	4	1	11-	
Condition	ns, if eny, which \ (b)	1 tenor cleater	. (Voisyau	, Outley &	Calcade	
geve rise	to immediate cause	11 0				
(a), steti	ng the underlying	I yperterni.	on U			
Z PART	II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(e) 19.	WAS AUTOPSY PERFORMED?
CA.					YES	NO I
OR CON	CIDENT WAS UNDERLYING [] 20b. FRIBUTING [] CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in P	ert I or Pert II of item 18.)		
₹ 20c. TIM			ACE OF INJURY (Home, farm tory, street, office bldg., etc.)		(County)	(Stete)
20c. TIM		While Not While tack	fory, street, office bidg., etc.,			
21. 1 60	ertify that (I) (this hospital) a	ttended the deceased from	Oct.	1966 10 /hov	29 1966 tha	t (I) (we) las
saw The	e deceased alive on Mor	- 11 /		9M, from the causes	4.	stated above
220. SIG	MATURE L. OU	St. m.O.		NED. STAFF	/2	22b. DATE SIGNED
	VSICIAN'S ME (Type) 20060	00-4	22d ADDRESS	21.0-0.0	+0 - K	21 6
0110	11100H10 G.	URIT	8019 U	nura ary	Jua V	1/10
	CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City/26)	Males/coanty)	(Stete)
T7	al 12/2/66	St. Stanisla	aus	Baltimore	, Md.	
24 FUNERAL	DIRECTOR'S SIGNATURE	1908 PACTERN A			GISTRAR'S SIGNATU	E
M.F.S	ADOWSKI & SONS,	1808 EASTERN A	AVE DATE D	FC 2 1966	Jelianles)	moge

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11/18/20 SERVED SERVED

1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 201	15349 CERTIFICATE OF DEATH 15348
funeral funeral and 2 r death	1. PLACE DF DEATH a. CDUNTY b. COUNTY D. COUNT
after the fges 1 after	DALI MOJEE MARYLAND DALI MORE
S Pab	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town). C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town). SON SON SON SON SON SON SON SO
24 hours filled in by papers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN
	GREATER BALTIMORE MEDICAL CENTER 401 WEST TIMONIUM RD. YES NO.
executed within and completely remove carbon proming any event, within	3. NAME DF DECEASED (Type or print) JAMES SAMUEL NUSSEAR JEATH NOV. 21 1966
comic comic cove cove cove cove cove cover	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24H
execu and remo	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
be ician ase nd i	during most of working life, even if retired) ARCHITECHT INDUSTRY LUTHERVILE, MD. COUNTRY? LUTHERVILE, MD.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ding phys Then ple removal, a	JAMES SAMUEL NUSSEAR, SR. CLARA VIRGINIA NOISSEAR RIDGELY
00 41 b	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTIOS PITAL and Address Road, Towson, 1 (Yes, no, or unknown) (If yes give war or dates of service) 112-18-2709 family: Mr. Wm. N. S. Pugh, 1002 Dulany Valley
e dea the a t peri	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
requires that the death uding physician. been signed by the atte the burial-transit permior to burial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR FWENMONIA BILATERAL ONSET AND DEATH
es that the physician. Signed by urial-transiturial, cremurial,	490 X DUE TO
ires phy phy sign buri buri	Conditions, If any, which gave rise to immediate (b)
4. The law required or attending particate has been for use as the bit Health prior to be	cause (a), stating the DUE TD
as as	underlying cause last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE PART I (a) 19. WAS AUTOPS
The or a sate was alth	ACTERIOSCIERUTIC CARDIOVASOCILAR DISMISE YES X ND
JING PHYSICIAN. The law requires that to by the hospital or attending physician. After this certificate has been signed by the detached for use as the burial-trans State Dept. of Health prior to burial, cre	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION OF PERFORMED TO THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEA
HYSI he h this etacl Dep	
tater tat	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, st
OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat	21. I certify that (I) (this hospital) attended the deceased from 11-21-, 1966, that (I) (we) I
ATT reta	saw the deceased alive on // 21 19 66, and that death occurred at 8 300 00000000000000000000000000000000
AL OR ay be page and filed w	Coulyn L. Kamas h. A. M.D. ATTENDING MED. DIRECTOR PHYS. M. 11-21-66
TO HOSPITAL OR ATTENDIN Page 4 may be retained TO FUNERAL DIRECTOR: Af director, page 3 should by Should be filed with the S	22c. PHYSICIAN'S NAME (Type) EVELYN L. RAMOS 22d. ADDRESS GBMC, 6701 N. CHARLES ST., BALT
Pag Pag O Fu dire shou	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
0	BURIAL Nov. 23,1966 PROSPECT HILL CEMETERY TOWSON, BALOT. CO., MD. 24. FUNERAL DIRECTOR ADDRESS 1 252. REC'D BY REGISTRAR' 255. REGISTRAR'S SIGNATURE
VR A15 (4)	Stewart & Mowen Co., 108 W. North Av., Balto. DANOV 23 1966 gclarles Judge
20M 1/65	DOCHEL OF WOLLOW AND THE STATE OF THE STATE

1534% May Till. The second secon The Manager of the Control of the Co THE SHEET WILLIAM SHEET TO SEE CASE OF THE PROPERTY OF THE PRO LOBAR PRESIDENCE BURECAL ARTERIOSPERIED CHESINUMERCEAR PROPERE X thank a little to the same of THE REPORT OF THE PARTY OF THE

Item 18 Film 383 11-23-66 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15350 FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH a. COUNTY b. COUNTY 2, and 3 ta PM3. Page defath Baltimore Maryland MARYLAND b. CITY DR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ofter Towson-rural Baltimore d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS pencil in Item 18. Give Pages 1, caminer's Office alang with farm haurs St. Joseph Hospital 3573 Juneway be executed within 24 haurs after death. 3. NAME OF Middle 4. DATE Month within 72 DECEASED the (Type or print) Kathleen A . DEATH O'Mailey 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) 6/17/46 WIDDWED DIVDRCED white female 20 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Donnelly Adv. Baltimore, Md. Reuben H rd "pending" in pencil in Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bravden O'Mailev Genevieve Gordon and File Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) remaval, Bravden O'Mailev, father, above 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: O LAUSEU BT: ON Bronchophedmonia/following/billateral/leg/fractires used as a burial-trans burial, crematian, ar ward This certificate shauld ie certificate, writing the war shauld be farwarded ta the Pulmonary and systemic fat embolism following Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse fractures of legs. last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) its designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 1B.) PRIMARY OX OF CONTRIBUTING CAUSE OF DEATH. pedestrian struck by car 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (Towson) foctory, street, office bldg., etc.) ot wark of work 10 19 66 Baltimore street 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry the funeral directar. deoth resulted from: Natural couses Accident X Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be 1 TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S**

Werner U. Spitz,

23b. DATE THEREOF

11/17/66

24 FUNERAL DIRECTOR, Schimunek Funeral Home, Inc.

Brehms Lane

e. IS RESIDENCE ON A FARM?

YES NO

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

YES 😾

Baltimore Md.

ond in my opinion

22. DATE SIGNED

(Stote)

(County)

11/14/66

(County)

Address (Street, city, town, or county)

2So. REC'D BY REGISTRAR

23d. LDCATION (City or Town)

Baltimore, Md.

2Sb. REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATDRY

Gardens of Faith Cem

IF UNDER 1 YEAR

Doys

12. CITIZEN OF WHAT

COUNTRY?

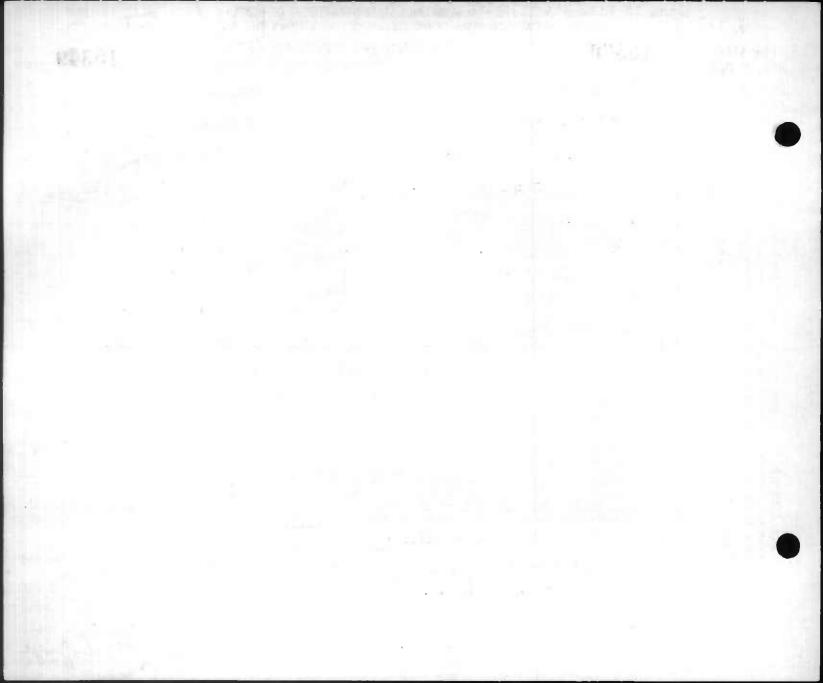
Months

VR A15ME (5) 6M 1/66

NAME (Type)

23a. BURIAL, CREMATIDN,

BEMOVAL (Specify)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2, ond 3 to PM3. Poge HEALTH DEST. Poge portment of offer deoth.

in pencil in Item 18. Give Poges 1,

LEXAMINER: This certificate should be executed within 24 hours after deoth. If

necessary, please execute the certificate, writing the word "pendipg-

TO DEPUTY MED

VR A15ME (5).

P.M.3. Poge File pages 1 and 2 with the State Deportment of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours offer death. the funeral director. Page 4 should be forwarded to the Chief Medical examiner's Office along with farm TO FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. 2 5 may be retoined for your files.

5351	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

15350

		place of Death o. County	Baltimore			MARYLAND	o. STATE	Md.	deceosed live	d, if institution b. COUN		ce before d Balti		
		writ Tokas on	outside corporote limit give nearest town		c. LENGTH OF S	ıys	c. CITY OR TO	WN (If outside Towson		s, write RUR		e neorest 1	own)	
8	d	St. Jos	eps, Hospi	ot in hospitol, g	ive street oddress)	d. STREET ADD	19 Wil:	fred C	t.			IS RESIDEI ON A FAR S N	M? #
	3. NAME OF DECEASED George H. Pardoe Middle								DATE OF DEATH	Nov.	25,19		Year 19	
	S. S	M	6. COLOR OR RACE	7. MARRIED WIDOWED		RCED	B. DATE OF BIRT July 29	9,1879		In yeors pirthdoy) yrs.	Months Months	Doys	F UNDER 2 Hours	Min.
	durii	ng mpnogwork Act	(Give kind of work done	INI	ND OF BUSINESS O DUSTRY SURANC		Lus	Sby, Md			12. CIT	UNITRYS.	A .	
	13.	FATHER'S NAME	James Par					MAIDEN NAME Sarah B	rady					
	1S. (Yes	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dotes of	of service) 2 17	O1 647	0 17.	of Charles	G. Pa	rdoe,	Addre		•		
		PART I. DEATH	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE DUE which gove	(0)	(a) (b), and (c).)	loca	Pando	lion	Fr	eelle	ine		AL BETWEEN AND DEA	
		rise to immediate stating the underl		TO (c)	01	les	14	il					1	
2	CERTIFICATION		NIFICANT CONDITIONS C		//	0				, ,		19. W PI YES	AS AUTOP REORMED NO	
		20o. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	TRIBUTING 🗗	1	ellu	when	e Was	Shen		tem 1B.)	e H	one	e	gath
3	MEDICAL	p.m	7 11/79	While of work	ot work	foct	CE OF INJURY (Hoory, steet, office	bleg etc.)	-	or town) wee	(unty) 32/70	1 Sto	al-
		21. I certify death results	that I taak charge	e af the rem al causes				y 🐴, In: amicide 🔲	spectian _ Undeter], Inqu mined mo	' '	and in	n my ap	oinian
		ACTUAL SIGNATURE	hodes	10h	low	nel	M.D. ASSIS	MEDICAL EXAM TANT MEDICAL E	XAMINER [-	/22.	DATESI	GNED
2	00		Charles]				Addre	Y MEDICAL EXA	town, or coun		1/	26/	66	
		REMOVAL (Specify) Burial	Nov.	29,1966		Loudon	Park		3d. LOCATION Balti	more,	Balt:	(County)	, Md	(e)
0	24.	- LONBANT DIKE GOK	ok-Brooks	Towson	Towson		,	SO. REC'D BY F	1 196	6 25b. P56	200374	and the	rage	

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a a Goala - J

A Park Trail

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. and PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY s. Pages 1 hours after BALTIMORE hours after MARYLANO CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND BALTIMORE 39 DAYS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 39 DAYS SPARKS etely filled in bon papers. within 72 ho d. STREET AODRESS e. IS RESIDENCE ON A FARM? NONE STREET GBMC 6701 NORTH CHARLES NO etely completely we carbon event, with 3. NAME OF First Middle Last OATE Month DECEASED OF PARKS Sig 66 ELMER 16 NOV. (Type or print) DEATH executed 5. SEX remove 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 7. MARRIEOX 8. DATE OF BIRTH 9. NEVER MARRIEO last birthday) | Months | and 12-17-1885 MALE CAU WIOOWED DIVORCEO E 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OF sician lease r 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INOUSTRY St Baltimore MARYLAND St.Rds.Foreman-Ret. ountu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then remova attending ermit. The Mary Elizabeth Robinson Alfred Parks 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address death (Yes, no, or unkown) (If yes give war or dates of service) PATIENTS'S CHART transit perm cremation, VO None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed DUE TO The law requires Cenditions, If any, which (b) gave rise to immediate the DUE TO cause (a), stating as th underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMEO? CERTIFICATI YES NO 20a. ACCIDENT WAS UNDERLYING I After this certifuld be detached for e State Dept. of h DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work DIRECTOR: Af age 3 should I led with the S retained 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on. 22a. SIGNATURE OATE SIGNED page ATTENOING M.D. DIRECTOR Page 4 may FUNERAL PHYSICIAN'S director, p NAME (Type) BURIAL, CREMATION. OF CEMETERY OR CREMATORY LOCATION (City, town (State) EMOVAL (Specify) FUNERAL DIRECTOR REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A.15 (4) 1/65

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AND ESCA

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY Baltimore Maryland MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) CITY OR TDWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 21213 Baltimore 9 Days Towson e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 3805 Bonview Avenue YES NO X St. Joseph Hospital 3. NAME OF Middle 4. DATE Month Year Lost Day DECEASED OF Charles Pasterfield 6 19 66 Nov. (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Hours Months Dovs Male White WIDOWED DIVORCED 74 2-2-92 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, exen if retired) Local COUNTRY? Baltimore, Md. U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unk. Mary Charles Basterfield 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dotes of service) Helen N. Pasterfield 3805 Bonview Ave. 212-03-1174 No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Severe anemia secondary to erythrocytic IMMEDIATE CAUSE (o) hypoplasia -XBUK-10 Conditions, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION NO KX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Hour o.m. While Not While foctory, street, office bldg., etc.) at work at wark 19 66 to Nov. 6 1906 , that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Oct. 21 saw the deceased alive an Nov. 6. 1966, and that death accurred a6:15AM, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING Nov. 6.1966 DIRECTOR Kamers. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Ramon P. Lopez. York Road NAME (Type) 7620 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) Baltimore, Maryland Moreland Memorial Cem. 11/9/66 Burial 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson 1050 York Rd. 21204 1966

CV requires that the death certificate be executed within 24 haurs after death by the funeral degit and completely filled in by the fur service carbon papers. Pages 1 in any event, within 72 haurs after physician a and crematian, ar remaval, attending phy permit. Then permit. the signed by the burial-transit burial, cremati by physician. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending as the has been far use Health p TO FUNERAL DIRECTOR: After this certificate State Dept. af detached pe with the 3 director, page 3 should be filed v VR A15 (4) 20 M 1/66

15851 A STATE OF THE AND A STATE OF TH Emends of the same state of th Kamor & Copy is the Comment The same and the s

Page 4 may be retained by the hospital or attending physician, and completely filled in by the funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13334 CERTITION	IL OF DEATH	353
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: I	Residence before admission)
a. COUNTY Baltimore MARYLAND	a. STATE Maryland b. COUNTY	/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA)	and give nearest town)
	Baltimore	2. 4
Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		l e. IS RESIDENCE
		ON A FARM?
Shady Nook N.H.	209 Southway	YES NO X
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Pearl	Pausch DEATH Nov.	4 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. DATE OF BIRTH 78 9. AGE (In years IF UNDER last birthday) Months	
Female White WIOOWEO DIVORCEO	10-1-1878 last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
during most of working life, even if retired) INOUSTRY		OUNTRY? JSA
Housewife Own Home	Maryland U	JOH
John Neal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	Mary Robinson Address	
(Yes, no, or unkown) (If yes give war or dates of service)		
	George Pausch Above	Э
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Cardioe	Celvort	
4330 DUE TO 11. 0	7	1/2 ans
Conditions, If any, which) (b) / My occro-	yus,	9.200
gave rise to immediate cause (a), stating the DUE TO	- Q 4 Q 4 1 1 1 1 1 1	2 Marks
underlying cause last. (c)	general man	SWEE
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
TA3		PERFORMEO?
20a. ACCIDENT WAS UNDERLYING THE 20b. DESCRIBE HOW INJURY OCC	CURREO. (Enter nature of Injury in Part or Part of Item 18	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANT OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	LACE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)
Hour a.m. p.m. 19 While Not While at work at work	Want	-4
21. I certify that (I) (this haspital) attended the deceased from_	1930 10 to Propert 196	6 that (I) (We) last
10	nat death occurred at M, from the causes and on	
22a. SIGNATURE		DATE SIGNED
11001 - HO-a 40-1	A.D. ATTENDING MEO. OIRECTOR PHYS.	-5-66
OGE DIVERDIANCE	22d. AOORESS	- 2 00
NAME (Type)Dr. Wetherbee Fort	1118 St. Paul St. Balto	o.,Md.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
REMOVAL (Specify) Burial 11-7-66 Druid Rid	Pikasvilla	Md.
24. FUNERAL DIRECTOR AODRESS	lge Pikesville 25a. REC'O BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
H.W. Jenkins & Sons Co. 4905 York R	id.	4 ()
Balto.,Md.	DATE NOV 9 1966 PULL	rolly Judge

VR AI5 (4) 20M 1/65

43661 ----EMCCHO! B the second of the second stands The state of the s AND THE RESERVE OF THE PARTY OF e-less assert and the last to the bank . I know your control of malayman and a TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages I and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within-72 hours after death.

	WAKITAND SIAIF DELAKIWEMI OL U	IEALIN
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON S	TREET, BALTIMORE 1, MARYLANI
15955	CERTIFICATE OF DEATH	AFORA

a COUNTY /7	
() A I V A A A A A A O	SUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) STATE
MARYLAND MARYLAND	Mary land Dellemore
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL and give neerest town 5-6 years	mentetors 13.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	STREET ADDRESS o. IS RESIDENCE ON A FARM?
J. M. Pearce Hood	19 1 Euro
3. NAME OF DECEASED (Type or print) BERTIE HORE PE	Rdue DEATH November 18 1966
THEY EN MARKIED WEVER MARKIED	OF BIRTH 9. AGE (In yeers less hirthday) August 18-77 9. AGE (In yeers less life UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even lifetired) HOME 7	ayler Harbordlo wed MSA
13. FATHER'S NAME	OTHER'S MAIDEN NAME
Joshua Hope	Olina Hutchens
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	MANT Address monketon
100 mg of the west	. Cockey so. Jane md. 21111
1B. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY I MANEDIATE CAUSE (e) arterio scluatic	cardio Coscular durante zifears
4221 DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause (e), stating the underlying DUE TO	
couse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CHURCH STREET CONTRIBUTIONS CONTRIBUTIONS TO DEATH OF CONTRIBUTIONS CONTRIBUTIONS TO DEATH OF CONTRIBUTIONS CONTRIBUTIONS TO DEATH OF CONTRIBUTIONS CONTRIBUTIONS TO DEATH OF CONTRIBUTIONS TO DEATH OF CONTRIBUTIONS TO DEATH BUT NOT RELA 20b. DESCRIBE HOW INJURY OCCURRED. (Enfe	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Ente	r nature of injury in Pert I or Pert II of item 1B.)
	NJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not Whila tactory, stree	at, office bldg., atc.)
1	ant idele portula idele (1) (1)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Maximum 1966, and that death	occurred at 15/AM, from the causes and on the date stated above.
22e. SIGNATURE	occurred and any month the causes and on the causes are caused and on the causes and on the causes and on the causes and on the causes are caused and on the causes and on the causes are caused and on the causes and on the causes are caused and on the causes and on the causes are caused and on the causes are caused and on the causes are caused and on the causes are caused and on the causes are caused and on the causes are caused and on the causes are caused and on the causes are caused and on the causes are caused and on the causes are caused and on the cause are caused and on the cause are caused and on the cause are caused and on the
Malki 1. Lees M.D. A	TTENDING MED. STAFF 18 November 1966
	Cocher Estelle Ind
NAME (Type) NALTER T. KEES	Cont for all
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE	MATORY 23d. LOCATION (City, lown or county) (State)

VR A15 (4) 20M 5-63

FOR STATE HEALTH

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health ar its designated agent, prior to burial, cremation, ar remaval, and in any event within 24 hours after death. 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

PM3. Page delay is 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with form in pencil in Item 18. Give Pages 1, This certificate shauld be executed within 24 haurs after death. If "pending" necessary, please execute the certificate, writing the ward

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15356		MEDI	CAL EXAMINER	S CER	TIFICATE O	F DE	ATH	15	35	5	
	PLACE OF DEATH						Where dec	eosed lived, if institu		e before	odmissio	n)
(o. COUNTY Bal	timore		MARYLAND	0.	STATE Mary	land	b. COL		timo	re	
	b. CITY OR TOWN		limits/7	c. LENGTH OF STAY IN 16	c. CII			arate limits, write RI				
	write RURAL and	give nearest town	4								12	/
_	A NAME DE HOSPIT	AL DE INSTITUTION	(If not in hospital, a	ive street address)	12 5	Hyde Par	k Es	sex Md.		1 0	IS RESID)ENCE
			, , ,	ve sileer oddressj	0. 31						ON A F	ARM?
		5 Waterfo						erford Ro				NO
	NAME OF DECEASED		First	Middle		Lost	4. DATI			Day	Yeo	
	(Type or print)		FRANK	De Paul		ERRERA	DEA			9		66
5.	SEX	6. COLDR OR RAC		NEVER MARRIED		OF BIRTH		9. AGE (In years lost birthday)	Months 1	Dovs	IF UNDER Hours	Min.
	Male	White	WIDOWED	DIVORCED	1	ch 25th		52 BA/115.				
	. USUAL OCCUPATION inc. pages of working			ID OF BUSINESS OR DUSTRY	11.	BIRTHPLACE (Stote	or foreign	n country)		IZEN DF ' JNTRY?	WHAT	
nori	BUCK	DRIVE		UCKIN B-		Thompson	svil	le Conn.		.S.	A.	
13.	FATHER'S NAME				14. /	NOTHER'S MAIDEN						
	Salwate	re Perre	770			oncetta	Do M	Santina				
	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 1	7. INFORM	ANT	De r	Add	ress			
(Ye	s, no, or unknown)	(If yes give wor or d	otes of service)	00-10-3825	16a - 1			T.T.S. 0. 71.0	V 77-4		- 3	D.3
	10 CAUSE OF DE	ATM (Enter only on	ne couse per line for		Mrs.	ancy Per	rera	Wife-lu	5_Wate		RVAL BET	Rd.
	PART I. DEAT	THE WAS CALLETE BY		. , . ,	0 - 1						T AND D	
	7/331	IMMEDIATE C		riosclerotic	Card:	Lovascul	ar Di	Lsease				
	Conditions, if ony,	which cause 3	DUE TD									
	rise to immediat		(b)									
	stoting the under		DUE TO									
	lost.	,	(c)									
×	PART II. OTHER SI	GNIFICANT CONDITIO	ONS CONTRIBUTING T	DEATH BUT NOT RELATED T	O THE TER	MINAL DISEASE CDI	NDITION G	GIVEN IN PART 1(o)		19. \	WAS AUTO	JPSY FD?
ğl			Fatty	Metamorphos	is o	f Liver						NO 🔲
	20o. EXTERNAL CA		20b. DES	CRIBE HOW INJURY OCCURRI	D. (Enter n	oture of injury in	Port I or I	Port II of item 18.)				
CERTIF	PRIMARY 🗀 or COI CAUSE OF DEATH.	NIKIBUTING 🗆										
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Ye	eor 20d. IN	JURY OCCURRED 20e.	PLACE OF II	JURY (Home, form	n, 20f	(City or town)	(Cou	nty)	(Stote)
덽	Hour o.n	n.	While		foctory, stre	et, office bldg., etc.)					
	p.n		OI WOLK	oins described obove,	L-1-1	Autonou 🗔	la sa s	-ti [
									uiry,	ona	in my	opinion
	deoth result	red from: No	oturoi couses 🔼	, Accident , S	uicide [٥,		Undetermined r	nonner	1		
	ACTUAL	1/20	FI.	. X		CHIEF MEDICAL				25	. DATE	SIGNED
	SIGNATURE	1/Du	1 Will	24	M. D.	ASSISTANT MED					. DAIL	SIONED
	EXAMINER'S	Rudiger 1	Breitenecl	ker		DEPUTY MEDICA		_			11/9	/66
22	NAME (Type)				OFFICE AND A PARTY OF THE PARTY	Address (Street						
230	 BURIAL, CREMATIC REMOVAL (Specify) 	1	TE THEREDF	23c. NAME OF CEMETERY	II I dell	Redeeme	23d.	tocation (City or I	own)	(County)	(2.	tote)
		Nove	ember 12-6		111/12	11/11/19	R176	CIDAD LOCK	1717	40		lete
24	FUNERA DIRECTO	10 9 1	0-11-	ADDRESS	172 -1	2So. RECT	NUN.		EGISTRAR'S SI			,

VR A15ME (5)

AL EXAMINER:

TO DEPUTY ME

i within 24 hours after

death. Page to retained by the hospital or attending physician.

TO FUNERAL RECTOR. After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death.

23 ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL

VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

15.25.7 15357 15356

		1011
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	e. STATE Maryland b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give	neerest town)
write RURAL and give neerest town le 3yrs.	Baltimore	+
d. NAME OF HOSPITAL OR INSTITUTION (il not in hospitat, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
House In The Pines Nursing Home	1034 S. Hanover St.	YES NO
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Dev	A Aeet
(Type or print) Leonard	Plitt DEATH NOV. 2	3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	S. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Days	
male white widowed x DIVORCED S	Sept.2,1881 85 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
done during most of working life, even if retired) Trucker Self-employed	Balto. Md. U.S	5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
August Plitt	Mamie Hennigan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (If yes give wer or detes of service)	INFORMANT Address	
	arie Remsburg 3843 Wilkins Av	ve.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		NTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Progressial S	- Jarelin	ida.
420./ DUE TO	2	
Conditions, if any, which ? (b) Ckr. Priorardi	lis	1030
gave rise to immediate cause	_' , , , ,	
(a), steting the underlying cause lest.	denoselerous	1030
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Pert II of item 18.)	
	ACE OF INJURY (Home, farm, 201. (City or town) (County) tory, street, office bldg., etc.)	(Stete)
21. I certify that (I) (this hospital) attended the deceased from	5-22, 1964 to 12-23, 1966,	that (I) (we) las
saw the deceased alive on	death occurred at 2	late stated above.
220. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
The state of the s	A.D. PHYS. DIRECTOR PHYS.	17-25-66
22c. PHYSICIAN'S NAME (Type) Wilmer K. Gallager, M.D.	6209 Frederick Cove Bost 28	md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
Burial 11/26/66 Loudon Parl	k Cemetery Frederick Ave. Bal	lto.Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
KRAUSE FUNERAL HOME 1216 S. Charle	DATE NOV 28 1966 Johnson	es judge

TO THE REPORT OF THE PERSON OF The way of the state of the sta Estern Harrist Licht 12 MENING TO CONSTRU and the second of the second of the second of

Pages 1 and 2 urs after death. era ve carbon papers. Pag event, within 72 hours = filled etely comple remove any and physician a Ξ attending run. Then the atte cremation, burial, cremoth attending physician. been the l certificate has been the control of the second to the seco PHYSICIAN: T this certimed to detached for should be be retained DIRECTOR: A age 3 should lied with the S page

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death certificate be

The law requires that the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH b. COUNTY

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. COUNTY Baltimore Maryland Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Catonsville Catonsvilla e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Ridgeway Manor 332 Lambeth Road YES NO DATE Month Year 3. NAME OF First Middle Last Day DECEASED November 16. 66 Addie E. Prettyman DEATH (Type or print) ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED [DATE OF BIRTH SEX NEVER MARRIED Female White 91 WIDOWED I DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Washing ton Taylor Zipporah Bounds Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. I (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Phyllis Hornfleck 332 Lambeth Road No None INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND, DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO (a), stating the cause underlying cause last. (c) WAS AUTOPSY CERTIFICATION 19. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? ND Z 20a. ACCIDENT WAS UNDERLYINC ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 1960 to 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at follow, M, from the causes and on the date stated above. (ovember saw the deceased alive on? 119.66 DATE SIGNED 22a. SICNATURE ATTENDING MED. M.D. PHYS DIRECTOR PHYS. ADDRESS 22C. PHYSICIAN'S 22d. NAME (Type) CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23a. REMOVAL (Specify) Fellows Cemetery Seaford. Delaware Removal 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY RECISTRAR I DATE

VR A15 (4) 20M 1/65

FUNERAL

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TO HOSPITAL Page 4 may

Distriction of the same of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retoined by the hospital or attending physician.

15359

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

15358

	LACE OF DEATH				2. USUAL RESIDENCE	(Where deceose	ed lived, if institut b. COV		ice befor	e odmissio	on)
	Baltimo			MARYLAND	o STATE Md.		Balt	imore			
t	CITY OR TOWN (If outside corporate limits, d give nearest town)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporot	e limits, write RU	RAL ond give	e neores	t town)	
	Catonsv	ille			Catonsv	ille		0	3-1	/	
(I. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospitol,	give street oddress)	d. STREET ADDRESS					e. IS RESID	DENCE ARM?
	6416 Fr	ederick Rd.			6416 Fred	derick	Rd.			YES	
	NAME OF DECEASED	Firs	it	Middle	Lost	4. DATE OF	Mon		Doy	Yeo	ar
(Type or print)	Stephen	Prov			DEATH	Nov. 3			19	66
S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	Months Months	1 YEAR Dovs	IF UNDER Hours	R 24 HRS.
	M	Wh	WIDOWED	DIVORCED	3-16-97		69 yrs.		- /-		mut.
		N (Give kind of work done life, even if retired)		IND OF BUSINESS OR	11. BIRTHPLACE (Coun	•	-		TIZEN OF		
uon	Barbe			IDOJIKI .	Louis	siana	44.7		US		
13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME					
	Late	- Rosario	Proven	za	Late .	- Rosa	DiFatta				36
15.	WAS DECEASED EVI	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	16.	SOCIAL SECURITY NO. 17.	INFORMANT Anna	Brovenz	Addr	ess		1	
(16	s, no, or unknown)	(II yes give wor or doles or	2	16-32-5764	Mrs. Anna 1	rick Rd	•				
	18. CAUSE OF D	EATH (Enter only one cous	6/	(o), (b), ond (c).) 1 L	1					ERVAL BET	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o) /m	enmonth	A				ON	JET AND D	CATE
	502.	UUE	ro _		-/	, /	, ,	_			
	Conditions, if ony, which gove nise to immediate couse (o), stoting the underlying couse last. (b) Exisphy sema Chronic Brocketta (c) Chronic myo cardi lis						12	10 yrs			
	stoting the unde		10	1 1	0.	//			4	24	
	last.)	(c) <u>Ca</u>	ronce my	10 earch	us.			10	as to	
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS CO	INTRIBUTING	TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE (CONDITION GIVE	N IN PART I(o)			WAS AUTO PERFORMI ES	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury i	in Port I or Port	II of item 18.)				
MEDICAL		URY Month, Doy, Yeor			LACE OF INJURY (Home, fo		(City or town)	(Co	unty)	((Stote)
ME	Hour o. p.	m. 19	of wor	k ot work	octory, street, office bldg., e						
	21. I certi	fy that (I) (this hasp	ital) atten	ded the deceased fram_ 166_19, and th	Oct.	1964 , 30	14/30	, 196	6, th	not (I) (v	we) las
	saw the d	eceased alive on/	1/301	166_19, and th	at death accurred	ot 930/M	, from causes	and on t	he dot	e stated	above
	22o. SIGNATURE	13 6	7		ATTENDING	MED. DIRECTOR	STAFF		ATE SIGN		
			ala	8 1		DIRECTOR	STAFF PHYS.	11/1/	73/	166.	
	22c. PHYSICIAN'S NAME (Type		. Cala	s	22d. ADDRESS	ll Fred	erick Ro	1.			
230	BURIAL, CREMATI		REOF	23c. NAME OF CEMETERY O	R CREMATORY .	23d. LO	CATION (City or To	wn)	(County) (S	tote)
	Burial Burial	12-5-6	6	New Cathed		Ba	timore,	Md.			
24	FUNERAL DIRECTO	OR .		ADDRESS		C'D BY REGISTR	AR 2Sb. R	EGISTRAR'S			
	MITIZKE	F.D4101	camona	son Ave.	OATE (5 19	366 RC	harle	of Ca	del	
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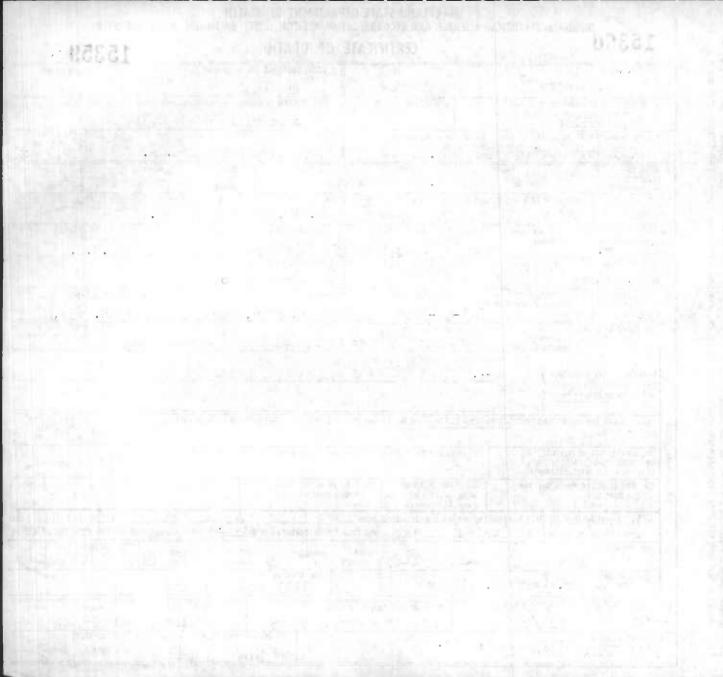
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5360

И				CERTIF	ICATE	OF DEATH			153	5.7	
	o. COUNTY Ba	ltimore		MARY	YLAND	2. USUAL RESIDENCE (V a. STATE Marylan		d lived, if institut b. COU	ion: Residence b	efare admis	sian)
1	b. CITY OR TOWN	b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and a)						RAL and give ne	arest tawn)		
	Baynes	nd give nearest town)				Baynesv	rille			013	- 1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no	at in haspital, give s	treet address)		d. STREET ADDRESS	114		- 1	e. IS RE	SIDENCE FARM?
	8703 R	aven Drive	#34 Apt	5. A		8703 Raver	Drive	Apt. A			NO TE
	3. NAME OF DECEASED (Type or print)	Emma	rst E	Middle	Rabo	lost	4. DATE OF DEATH		ber 23,		Year 9
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	-0-	B. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Do	AR IFUND	ER 24 HRS.
	female	white	WIDOWED	DIVORCED		Nov. 10, 18	79	87 yrys.	Mollins	lys ndul:	MIII.
	during most of working Cafe Mgr.	N (Give kind af wark dane g life, even if retired)	Board of	Educat		11. BIRTHPLACE (County F Baltimor	e	ign cauntry)	12. CITIZEI COUNT U.S		
ı	13. FATHER'S NAME	030.0	146M T	fork Cit;	У	14. MOTHER'S MAIDEN I					
ŀ	James Rab	ER IN U.S. ARMED FORCES?	T 16 SOCIA	L SECURITY NO.	17 1	Winifred C	оптол	Addr	200	ice	
	(Yes, na, ar unknown)	(If yes give war ar dates	of service)	5-3665		ta Scha e fer	9100				
)		PEATH (Enter only one cau			1 262	toa Benadiei	, 044	Water	oak Itu.	INTERVAL B	ETWEEN
	Canditions, if any rise to immedia stating the under last.	te cause (a),	TO ARTER			EARDIAL COTIC C,	-	VASCUL VASCUL ISEASE	.nr		
	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COM	IDITION GIVEN	IN PART 1(a)		19. WAS AL PERFOR YES	JTOPSY RMED? NO 🔀
	OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OF	CCURRED. (Enter nature of injury in	Part 1 or Part	II of item 1B.)	(Bell		
	Hour a.	IURY Manth, Day, Year m. 19	20d. INJURY While of wark	OCCURRED Nat While at wark		E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(City ar tawn)	(Caunty)	(State)
	21. I cert saw the c	ify that (I) (this has deceased alive an_	pital) attended	the deceased	from and that	death accurred at		fram causes			
	22a. SIGNATURE	Lavrey &	Jeller	LIND	M.D.	1111.01	MED. DIRECTOR [STAFF PHYS.	22b. DATE:	SIGNED 5-6	6
1	22c. PHYSICIAN NAME (Type		G. Tille	R		22d. ADDRESS 1713 Ta	ylor A	venue			
	23a. BURIAL, CREMATI Bur Langual (Specif	v) 11/26/	66 H	NAME OF CEME		Cemetery	Ma	ATION (City or To ryland,	Balti	more	(State)
N	24 SEUNERAL DIRECTO	R Funeral H	ome, Inc.	ADDRESS			BY REGISTRA		GISTRAR'S SIGN		see.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematern or remayal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

funeral and and campletely filled in by the remove cachan papers. Pagin any event, within 72 haurs dny event, and in the attending physician a sit permit. Then please crematian, ar remaval, signed by the burial-transit this certificate has been OS State Dept. of Health TO FUNERAL DIRECTOR: After director, page 3 should should be filed with the

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'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

the death certificate be executed within 24 haurs after death.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore MARYLAND Maryland
c. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest tawn) b. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2 days Towson | 2 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Baltimore d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 2 St. Joseph Hospital 1262 Beaumont Ave Middle 3. NAME OF 4. DATE DECEASED (Type ar print) Rocco November 20 (In years | IF UNDER 1 YEAR DEATH Philip Ranieri IF LINDER 24 HRS S SEX 8. DATE OF BIRTH 1913 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Manths Hours White WIDOWED DIVORCED September 5 Male 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. INDUSTRY (Manager) during most of working life, even if retired) Century Cleaners & Italv 14. MOTHER'S MAIDEN NAME Carmela Tripodina Salvatore Ranieri Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates af service) 216-01-0034 Mrs. Josephine M. Ranieri (Same) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Renal Failure IMMEDIATE CAUSE (o) __ DUE TO Conditions, if ony, which gave Chronic Gamerulonephritis rise to immediate couse (o), DUF TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Doy, Year 2Dd. INJURY OCCURRED (City ar town) (County) (Stote) Hour a.m. Nat While foctory, street, affice bldg., etc.) ot work at wark . 166 to Nov. 20 , 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram Nov. 18 saw the deceased give on Nov. 20 _19_66, and that death occurred of 2:30 M, from causes and on the date stated abave. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. Nov. 20 1966 DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 7620 York Road Villamor 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 11/23/66. Holy Redeemer Cemetery Baltimore. Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Leonard J. Ruck Inc. Balto. Md. 21214

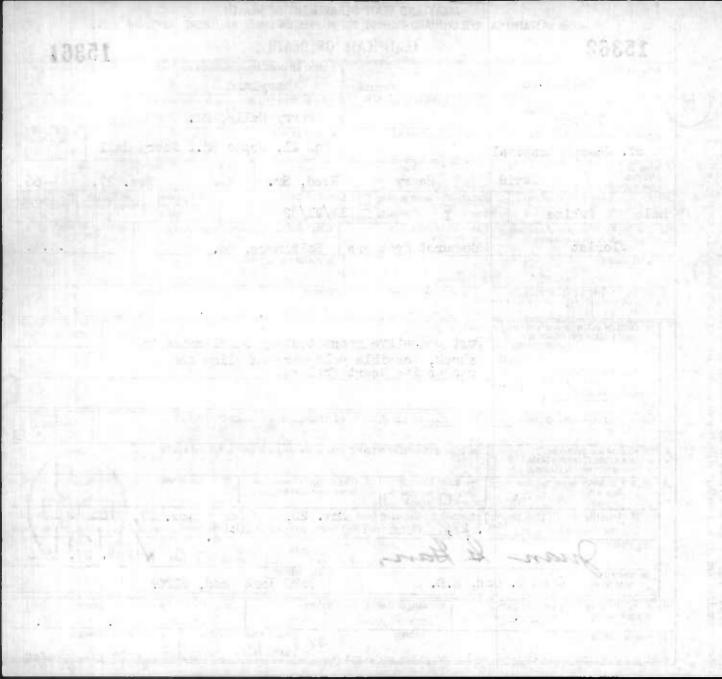
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15362 death. **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH and campletely filled in by the funeral remave carban papers. Pages 1 and in onv event, within 72 haurs after deat b. COUNTY o. COUNTY Baltimore a. STATE Marvland MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give necrest town) c. IFNGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Perry Halle. Md -27728 e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Box 21. Joppa Rd., Perry Hall St. Joseph Hospital NO 4 DATE Year 3. NAME OF Middle Dov DECEASED David Reed, Sr. Nov. 27. Henry 19 66 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Hours 11/21/82 Male white WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10g. USUAL OCCUPATION (Give kind of work done COUNTRY? during mast of working life, even if retired) please INDUSTRY physician c U.S.A. Akehurst Brothers Baltimore Md. 13 FATHER'S NAME or remova David Andrew Reed Louise Hollands attending poermit. The 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 216-10-9163 Mr William R. Reed Box 21 Joppa Road crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Post operative prostatectomy complicated by IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. shock, possible pulmonary embolism and congestive heart failure DUK-10 Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior to WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. factory, street, affice blda., etc.) Not While at work at wark 19.66, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Nov. 20. 1966, to Nov. 27. saw the deceased alive an Nov. 27. 19 66, and that death accurred at 10:09M, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. Nov. 27, 1966 DIRECTOR PHYS. ADDRESS 22c. PHYSICIANOS Juan G. Gan. M.D. 7620 York Road, 2120h NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Md. Camp Chapel Cemetery Baltimore 11-30-1966 Co. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

VR A15 (4)(20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	1536
EALTH DEPT.	1. PLACE OF DEATH

PM3. Page p d the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

O DEPUTY ... ATTAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

TO DEPUTY

	aes 1 and 2 with the State Department	any event within 72 hours after deal	000
	ile pa	nd in	
Tar your mes.	FOR: Page 3 shauld be used as a burial-transit permit. Fi	nated agent, priar ta burial, crematian, ar remaval, and in	0
o may be retained	TO FUNERAL DIRECTOR	Health ar its desig	2

15363	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15362
1. PLACE OF DEATH o. COUNTY Ballo	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institute or STATE b. COL	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RI	
Ball	7 4 mo	Ball 7	13.1
d. NAME OF HOSPITAL OR INSTITUTION (IF not	in hospitol, give street oddress)	d. STREET ADDRESS 8304 Hilmar 6	e. IS RESIDENCE ON A FARM?
3. NAME OF Firs		Lost 4. DATE Moi	yES NO Year
DECEASED ELSIE	ELIZABET	HREED OF DEATH DIFF	9 1966
5. SEX 6. COLOR OR RACE Tempole Dell'atte	The test and at the second	8. DATE OF BIRTH Feb-22, 1893 9. AGE (In yeors lost birthdoy) 7.3	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	(NOUSTRY Home	Balti Eite	COUNTRY? 2/. S'A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	/
Joseph H. B.	ornes	minme Schro	der
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of		Elras. Jos. Reed, - 8	Friedway
1B. CAUSE OF DEATH (Enter only one cous	e per line for (o), (b), ond (c).)	a 1 :	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Corona	my Ocelusion	ONSET AND DEATH
Conditions, if ony, which gove 1			
rise to immediate couse (o),	(b)		
storing the underlying couse	(c)		
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
ATIO	none	_	YES NO
200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING O	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item IB.)	
	20d. INJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.	While Not While for	tory, street, office bldg., etc.)	(county) (store)
21. I certify that I taak charge	af the remains described abave, he	eld an Autapsy 🔲, 🛮 Inspectian 🔀, 🛮 Inc	quiry 🔀, and in my apinia
death resulted fram: Natural	l causes 🔀 , Accident 🔲 , Suic	cide 🔲, Hamicide 🔲, Undetermined r	nanner 🗌
ACTUAL & &	ilen-	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE 2 2		M.D. DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	11-0-10
EXAMINER'S D D C	APLES	Address (Street, city, town, or county)	11-7-66
23o. BURIAL, CREMATION, 23b. DATE THER REMOVAL (Specify)	REOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or T	own) (County) (Stote)
Burial 11/11	/66 Parkwood Cem	etery 250, REC'D BY REGISTRAR 256.	r Ave Balt 21234
Loring Braye 2729 Til	hants Dd Bandallata	ZSO, REC D BY KEGISIKAK ZSD. 1	COISTRAK 3 SIGNATURE

VR A15ME (5) 6M 1/66

ACCE , the Low Country

the coverable-see and given in section of the

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	
15364	CERTIFICATE OF DEATH 15363	1
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence be	fore

Ί.	1.	PLACE OF DEATH a. COUNTY						esidence before admission)	
		Baltimo	mo.	MARYLAND	a. STATE	linois	o. COUNTY	Cook	
		b. CITY OR TOWN (If outs write RURAL and give	de corporate Ilmits.					and give nearest town)	
- }		Towson 21	204	5 weeks	Rive	r Forest		51.3	
		d. NAME OF HOSPITAL OR	INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
		Dulaney To	wson Nursi	ng Home	93.	4 Park		YES NO X	
	3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year	
		(Type or print)	Alice	Charles	Reid		November	30 19 66	
-	5.	SEX 6. COLO			B. DATE OF BIRTH	19. AGE (In	years IF UNDER	1 YEAR IF UNDER 24 HRS.	
			hite WIDO	WED X DIVORCED	Nov 6, 18	78 88	yrs. Months		
	10a. duri	USUAL OCCUPATION (Give ng most of working life, e	kind of work done 1 ven if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	,	County & State, or foreign	CC	ITIZEN OF WHAT DUNTRY?	
	-10	Housewife			Chica	go, Illinois	3	USA	
-	13.	FATHER'S NAME			14. MOTHER'S MA	DEN NAME			
		Thomas Ch	arles		Harrie	tt Blood			
	15.	WAS DECEASED EVER IN U., no, or unkown) (If yes give	S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFDRMANT		Address		
	N		: war or dates of service)	343-38-7030 Du	lanev Towe	on Nursing H	Home 111	West Road	
		A	nter only one cause	per line for (a), (b), and (c).]	tailey 10ws	on war sing i	ionic , 111	I INTERVAL BETWEEN	
		PART I. DEATH WAS	CATISED BY.					6 weeks	
4	IMMEDIATE CAUSE (a) cardiac failure								
		422.1	DUE TO						
1		Conditions, if any, which		Arteriosclertic o	cardiovascu	lar disease		several yrs	
		cause (a), stating th	Die To						
	_	underlying cause last.	(c)						
	101	PART II. OTHER SIGNIFICA	NT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
2	ICA							YES NO	
	CERTIFICATION	2Da. ACCIDENT WAS UND OR CONTRIBUTING CA	USE OF DEATH	b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of Injury In Part I or P	art II of Item 18	.)	
		(IF EITHER, NOTIFY MEDI	CAL EXAMINER)						
	MEDICAL	20c. TIME OF INJURY A	Nonth, Day, Year 2		CE OF INJURY (Home, try, street, office bldg.,		own) (Cou	inty) (State)	
	E	Hour a.m.	19 at	/hile Not While I	ry, street, omcobing.,	6(6.)			
	2			tended the deceased from 25	October	10 66 to Nover	nher3019 6	6 that (1) (wa) last	
				vember 1966, and that					
		22a. SIGNATURE	1176,011 23 140	, and that	death becomed at	LI AIN, HUIII the C		ATE SIGNED	
-			valting,	T. Kees M.D	ATTENDING X	MED. STAF	F 🖂 20	Nov 66	
		22c. PHYSICIAN'S NAME (Type)		(01)	22d. ADDRESS	THE THE		1101	
		WAME (Type)	alter T. K	ees	Cocke	vsville, Mar	wland 3	0 Nov 66	
	23a.	BURIAL, CREMATION, 2				23d. LOCATION (
	C	REMOVAL (Specify)	12-2-66	Greenmount		Baltim		Md.	
		FUNERAL DIRECTOR	# C - C - O O	ADDRESS		EC'D BY REGISTRAR 2	5b. REGISTRAR'	'S SIGNATURE	
1		.W.Jenkins	& Sons C	0.4905 York Rd			geliary	les judge	
1		1.1.0007777777	~ ~ ~ ~ ~ ~	0 -4 /0 / LOZA 100	DATE	1000	0	0 0	

VR A15 (4) 15M 4-64

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15365

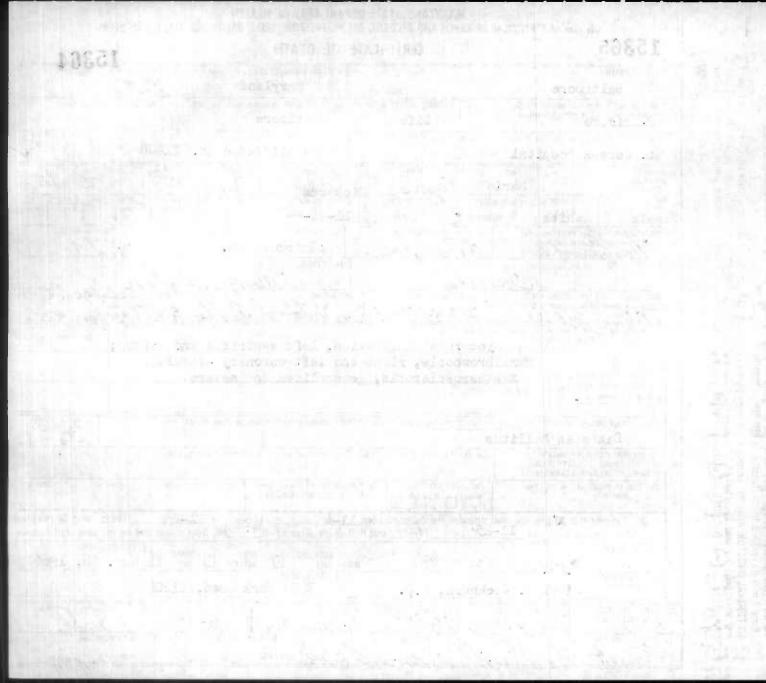
CERTIFICATE OF DEATH

15000

1. PLACE OF DEATH				Where deceased lived, if institution: Residual	dence before admission)					
Ba.	ltimore	MARYLAND	o. STATE Maryl	and b. COUNTY	ó					
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside corporate limits, write RURAL and	give nearest tawn)					
Baltime	ore nearest tawn)	Life	Baltimor	e	03.1					
d. NAME OF HOSP	PITAL OR INSTITUTION (If not in I	naspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
St. Jose	eph Hospital		814 Clif	fedge Rd. 21208	YES NO					
3. NAME OF DECEASED (Type or print)	First Mari	e Clares	lost Richards	4. DATE Month OF L.L.	25 1966					
S. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH		ER I YEAR IF UNDER 24 HRS.					
Female	White w	IDOWED DIVORCED	11-28-94	lest birthday) Manth yrs. Manth	s Days Haurs Min.					
during mayo warkin	ON (Give kind af work done ng life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Baltimore	, , , , , , , , , , , , , , , , , , , ,	CITIZEN OF WHAT					
13. FATHER'S NAME	and a	July 1 All 11 to	14. MOTHER'S MAIDEN							
	Bro	mes	71	Mary Moulan						
	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	7. INFORMANT	Address 200	Cisalles no					
(Yes, no. or unknown	(If yes give war or dotes of serv	(ice) 317-54-7778)	has milleren	OP . bo. 814 M.	Philles DU					
I 18 CAUSE OF	DEATH (Enter only one cause pe	er line for (a) (b) and (c)	17 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	variety, vit cut	INTERVAL BETWEEN					
			tion left ve	entricle and septur	ONICET AND DEATH					
1/2		hrombosis, right			II. 9					
Conditions, if on										
rise ta immedia	ate cause (a),	therosclerosis,	selle Latifice of s	nd Severe.						
stating the und	derlying couse (c)									
PART II. OTHER	DADT II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 19 WAS AUTOPSY									
Di Di	abetes Mellitu				PERFORMED? YES A NO					
OR CONTRIBUTIN	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I ar Part II af item 18.)						
2Dc. TIME OF IN	JURY Month, Doy, Year		PLACE OF INJURY (Hame, far foctory, street, office bldg., etc		(County) (State)					
21. I cer	tify that 😿 (this haspital deceased alive on 11-	1) attended the deceased fram	11-4 , hat death accurred a	1966, to 11-25, 1 t 4:40pM, fram causes and ar	9 <u>66</u> , that (we) las					
22o. SIGNATUR		1/1, 2		22b.	DATE SIGNED					
	16 och let	ller MV.	M.D. PHYS.	MED. DIRECTOR D STAFF PHYS. IN NO	v. 26, 1966					
	22c. PHYSICIAN'S NAME (Type) Manuel S. Cockburn, M.D. 22d. ADDRESS 7620 York Road, 2120L									
23a. BURIAL, CREMAT REMOVAL (Speci		B11 18.116	N.T. OK	23d. LOCATION (City or Town)	(County) (Stote)					
24. FUNERAL DIRECT		966 Wallemane		'D-BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE					
0614	la al VI	211 0.6. 1		01100						

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and many event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	ON OF STAT	FISTICAL R	ESEARCH	AND RECO	ORDS, 30	1 W. PRES	STON STI	REET, BA	LTIMO	RE 1, M	ARYLA	UND
	15366		2311	C	ERTIFIC	ATE (OF DEA	TH				153	65
1.	PLACE OF DEA a. CDUNTY	TH C				2.		DENCE (Whe	re deceased I			esidence b	efore admission)
	a. ODUMII	Balte	mote		MARYLA	AND	a. STATE	Mary	lan	b. coul	VTY	Bay	timase
	b. CITY OR TO	WN (if outside	corporate limit	s, c. LEN	GTH CF STAY I		CITY OR TOWN	N (If outside	corporate	limits, w	Ite RURAL	end give	nearest town)
To	WSON !	and give near	est town)	10-1			Tow	dom!	M	Vive !	ALERA	212	043
, ,		OSPITAL OR INS	TITUTION (If n	ot in bospital,	give street_add	dress) d.	STREET ADDR	ESS .	/	1-	71-0		S RESIDENCE
	4 martin	3 B-0	LANGE TO	Medi	in Can	100 1	205	HAS	TING	6	ROAD		ON A FARM?
3.	AME DE		First		Middle	70	Last	4. D	ATE	Mont		Day	Year
٥.	MAME DF BECEASED (Type or print)		MAT	100	Ala.	1)	Pin	. 0	F EATH	610) i	11
5.		6. COLOR OR	RACE	LUA	JAIAI	1 8. D.	ATE OF BIRTH	W .		In years	I F LINDED	VEADILE	UNDER 24 HRS
		Ca	1 /. 111/4		VER MARRIED		A		last				Hours Min.
10	a. USUAL OCCUP/	TIDN/Clue kind		OWED THE	DIVDRCED		BIRTHPLACE	132	State or saw	yrs.	1) 10 01	TIZEN OF	WHAT
du	ring most of wor	king life, even	f, retired)	1Db. KIND OF E		1/ "	D 4 1	E (Bounty &	State, or fore	la &	12. CO	UNTRY?	WHAI
- 10	70	o rex	foreser	yer-U	wow	time	DAL	11110	Re,	MI	. 6	Les	SA
13	. FATHER'S NA	ME		1 6	DL	14.	MOTHER'S I	MAIDEN NA	VIE '				
		lerige	Hen	ry L	apen	1		lenor	m				
	o. WAS DECEASE es, no, or unkown)	EVER INCS. AF	MED FORCES? or dates of service	6. SOCIAL	SECURITYNO.	17. INFO	RMANT			Addre		1	
	No			213	42 918	1 10	OUS E	· KI	V6	(.	SAM	ϵ	773123
	18. CAUSE DE	F DEATH [Enter	only one cause	per line for (a	a), (b), and (c).	1						INTERV	AL BETWEEN
	PART I. I	DEATH WAS CAU	SED BY: CAUSE (a)	CARI	Div- F	Lesh.	- au	lune	ن ب			DNSET	AND DEATH
	260	X	DUE TO	Λ.	F.		-	Λ.	0				
	Conditions, If		(b)	linges	lue	Cound	nac	Kai	line				
	gave rise to cause (a),		DUE TO	0	1 .	0		0					
	underlying car		(c)	tha	helie	- 4	oma						
CERTIFICATION	PART II. DTHER	SIGNIFICANTO		TRIBUTING TD	DEATH BUT NO	TRELATED	TO THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN	PART 1(a)		VAS AUTDPSY
CAT												YES	PERFORMED?
TIF	20a. ACCIDEN	T WAS UNDERLY	ING 🗆 :	20b. DESCRIB	E HOW INJURY	OCCURRED	. (Enter natu	re of Injury	In Part I or	Part II	of Item 18.		L ugo
CER	DR CONTRIBU	TING CAUSE OTIFY MEDICAL	EXAMINER)										
		INJURY Monti		20d. INJURY O	CCURRED 20	e. PLACE OF	F INJURY (Hom	ne, farm, 2	Of. (City o	r town)	(Cou	nty)	(State)
MEDICAL	Hour a	.m.		While Not	While -	factory, st	reet, office bld	lg., etc.)				-	
Σ		o.m.			work	4.6	mm A	6-11	. 11	H. WM	1	/	
. 1		ify that W (th					ov. 9	,61966		NO	7 10-		(We) last
		eceased alive	on Na	v. 11	19 66, an	d that dea	th occurred	at 12:351	ye arom the	causes		ne date :	stated above.
	22a. SIGNAT	XIn.	1/2/	. ,		А	TTENDING -	MED.	□ ST	AFF -	220. 01	TE SIGN	101
	22c. PHYSIC	Xem	o we	w	1		HYS. Z	DIRECT	OR PH	YS.	NOT		17/6
	NAME (MIC	CHAK		The state of	22d. ADDRES	nn	11				
-))e	/ >				$-C_{j}$	1 /2 10	7				(01-1-)
23	a. BURIAL, CRE REMOVAL (S	MATIDN, 23b. oecify)	DATE THERED	F 23c.	NAME OF CEN	TETERY OR (CREMATORY	23d	LOCATIO				(State)
E	urial	11/	14/196		iid Ri	dge	1.05	P					Co Md
24		kins &	Sons (196	ADDRESS 05 Yorl	k Rd.	25a.	REC'D BY		0	EGISTRAR'	SIGNAT	UKE
4.	O IL O OTT	CALLED CO	Rel	to To	Md.		DATE	VUV	4 196	P		1	

VR AI5 (4) 20M 1/65

man and a 15305 Myland British 1 n Toward May Leve & Mary Land from Bulliage Hills Cong Cog HASTING START STATE THE MAN WASHINGTON STATISTICS The Manual I was along But Trible, Mr. C. S. A. Jaron Marine Salker Harris \$1376 1187 LET'S E KING COMME)

MARYLAND TE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2		C	15367			CERTI	FICATE					1	5366	
cuted within 24 hours after deoth ampletely filled in by the funerol vec corbon popers. Poges 1 ond 3 event, within 72 hours after death			PLACE OF DEATH D. COUNTY	BALTIMORE	5-8-1	MA	RYLAND	2. USUA o. STA	ATE MARY	Where deceosed	l lived, if institu b. CO	ution: Residence UNTY	e before odmis	sion
by the fa Poges ours afte			o. CITY OR TOWN (In write RURAL and	outside corporate limit: give nearest tawn) IOWARD	s,	c. LENGTH OF STAY		c. CITY (OR TOWN (If ou BAL)	itside corporate	limits, write R	URAL ond give	neorest town)	
hin 24 ho filled in to popers. thin 72 ho	W.	1		L OR INSTITUTION (If no ADMINISTR					T ADDRESS	SOUITH	STREET	1,39	e. IS RE ON A	SIDENCE FARM?
d within 24 illet is corbon poper corbon poper int, within 72	CAROLLINA	- 0	NAME OF DECEASED (Type or print)		rst	Middle (NMI)]		.ost	4. DATE		nth	'	Year 9 66
e executed with and campletely remove corbon rony event, with		S:		6. COLOR OR RACE NEGRO	7. MARRIED	NEVER MARRI	ED 🔲 8	B. DATE OF	F BIRTH		AGE (In years lost birthdoy)		YEAR IF UND Doys Hour	ER 24 HRS.
= 0 =	NORTH	100		(Give kind of work done ife, even if retired)	10b KI	ND OF BUSINESS OR DUSTRY RAILROAD	()	11. BIRT	THPLACE (County		ign country)		ZEN OF WHAT	
ertifico physic hen ple noval, c	-	13.	FATHER'S NAME HOYT RO	DERSON					THER'S MAIDEN		BERSON			
ne death certificote to ottending physician permit. Then please ion, or removal, ond	MOUNT	15. (Ye	WAS DECEASED EVE s, no, or unknown)	IN U.S. ARMED FORCES? (If yes give wor or dotes or	of service) 16.	social security No. 2 09 72 5		NFORMAN NICAL	it RECORI		HOSPITA T HOWA	,	RYLAND	
that the death certificate, on. by the ottending physiciar fronsit permit. Then pleas cremotion, or removal, onc	ROCKY		1B. CAUSE OF DE PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	CERE	(o), (b), ond (c).) BROVASCUL	AR AC	CIDEN	r				OMET NO	
physicion signed by buriol-tro burial, cr			33) X Conditions, if ony, rise to immediate	which gove	(b) ARTE	RIOSCLERO	TIC V	ASCUI	ÀR DIS	EASE			YEAF	23
e law req tending pl ss been si as the bu prior to bu	HOME		stoting the under		10 . (c)				- T					
The hot	FUNERAL	ATION -		NIFICANT CONDITIONS C			ELATED TO 1	THE TERMIN	NAL DISEASE CO	NDITION GIVEN	IN PART 1(o)		19. WAS AI PERFOR	UTOPSY RMED? NO
spital or ertificate ned for u	FUN	CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CO. CAUSE OF DEATH MEDICAL EXAMINER)	20b. D8	SCRIBE HOW INJURY	OCCURRED.	(Enter notu	ure of injury in	Port I or Port I	I of item 18.)			
by the hospi frer this cert fee detoched Stote Dept. o	STOKES	MEDICAL	20c. TIME OF INJU Hour o.m p.m	10	20d. Il While at wor				RY (Home, form office bldg., etc.		(City or town)	(Cou	nty)	(Stote)
e d A d a	STC		sow the de	y that Xt) (this hoseceased alive on_	pitol) otten 11/2/6	ded the decease	d fram_ , and that	11/1 t degth	accurred at	19, to 7:50PM,	from cause	s ond on th	e dote stot	ed obove
OR ATTE be retaine DIRECTOR ge 3 shoul led with th	10:	1 0	220. SIGNATURE	1 Oda	BI	Kolm	M.I.	// " " !!!		MED. DIRECTOR [STAFF PHYS.	22b. DA	TE SIGNED 11/4/66	5
	PED	,	22c. PHYSICIAN'S NAME (Type)					1	ADDRESS VAH FOR					
Page 4 moy TO FUNERAL director, page should be for the should be f	SHIPPED	E	BURIAL, CREMATIO REMOVAL (Specify)	11-7	-LL	ELM CI	TY CE	Kentery	RY	E	LM CTTY	. NORT	County) H CARO	(Stote)
VR A15 (4) 20 M 1/66	3		harles	. K. Las	16-4	ARLES R.	LAW F	UNER	AL HOME	NOV 7	1966	REGISTRAR'S SI	rest	age

as in the good down come and a little

SHALL IZ

BERLOOD B. SADIULE, M. D. LANGER COM MARKED, MARK LIN

MILITARIO MENERALE MARIE ONE MINISTERIO MINI

LOOK ENLINE MATERIALIS

SEE ADJOURNAL SEE AND THE SEE

1774

-			15368	CERTIFICATE	OF DEATH		15367
Funeral Funeral Funeral)	1.	PLACE OF DEATH BALTIMORE OF COUNTY COLLEGE MANOR	huther Warviano	2. USUAL RESIDENCE (W a. STATE Marvl	b. cou	ion: Residence before admission)
signed by the attending physician and campletely filled in by the furburial-transit permit. Then please remave carbon papers. Pages burial, cremation, or remaval, and in any event, within 72 haurs after			b. CITY OR TOWN (If ausside carparate limits, write RURAL and give nearest tawn) LUTHERVILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out Baltimor	side corporate limits, write RU e 12	RAL ond give neorest town)
filled in papers. thin 72 h	90		d. NAME OF HOSPITAL OR INSTITUTION (IF not in COLLEGE MANOR NUR		d. STREET ADDRESS 311 E. L	ake Ave	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
letely fi arban nt, with			NAME OF DECEASED (Type or print) ANNA Get	RMAN ROK	Lost	4. DATE Mon OF DEATH //	- 24 1966
by the attending physician and campletely ransit permit. Then please remave carban crematian, or remaval, and in any event, wi			FW		3/30/1883	9. AGE (In years last birthdoy) 83 yrs.	Months Doys Haurs Min.
cian an ease re and in a	C	dur	i. USUAL OCCUPATION (Give kind af wark dane ing most of warking life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	Baltimor 14. MOTHER'S MAIDEN N	3. State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
g physi Then pl maval,		V	FATHER'S NAME Villiam F. Mathane	U .	Amanda M	elvin	
ermit.		IS. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknawn) (If yes give war or dates af ser No	rvice) Capt	FORMANT . Howland	S. Roberts	,321 Taplow Rd
y the ansit p			IB. CAUSE OF DEATH (Enter anly one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	per line far (a), (b), and (c).) MESENTE	RIC TH	+ROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH
signed b burial-tr burial, cr	/		Conditions, if ony, which gave rise to immediate cause (a),	DEHYDRAT	18N		1 lweek
been s s the b iar ta b			stating the underlying couse (c)	INFLUENT			3 liverks
certificate has been thed far use as the pt. af Health priar ta	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR				19. WAS AUTOPSY PERFORMED? YES NO
certifice thed far			20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (
ECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. af Health priar ta		MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	While at work at work	E OF INJURY (Home, form, ary, street, office bldg., etc.)		(Caunty) (State)
OR: Af			21. I certify that (I) (this hospite saw the deceased alive an 22a. SIGNATURE	attended the deceased fram_ 1966 and that	death accurred at	A.M. fram causes	and an the date stated abave.
DIRECT Select Se			22c. PHYSICIAN'S	egant M.D	ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	
fo FUNERAL DIRECTOR: director, page 3 shaul shauld be filed with th	1	230	NAME (Type) Dr. A.S. Q	PHALLANT 1 23c, NAME OF CEMETERY OR C	6210/0	PARRA 130 1 23d. LOCATION (City or To	wn) (County) (Stote)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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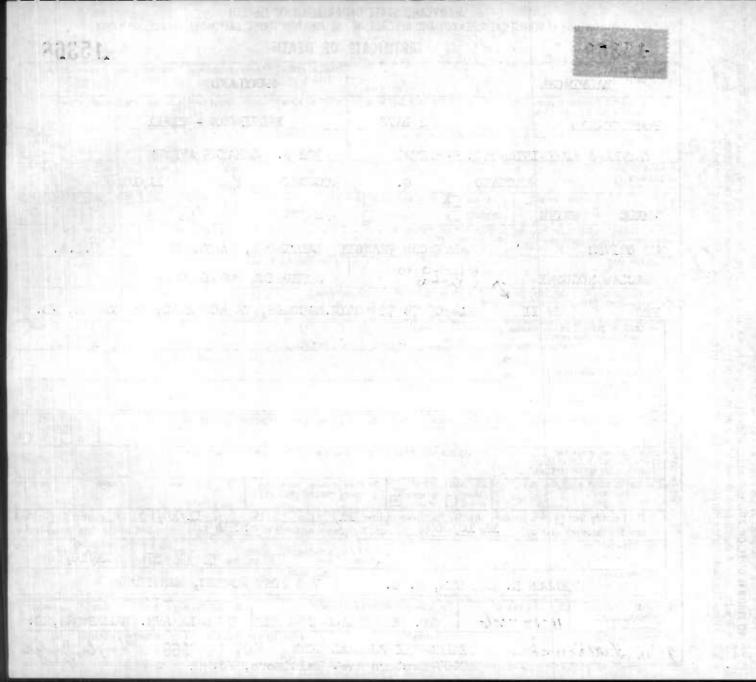
CERTIFICATE OF DEATH

15368

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230. BURIAL, CREMATION, REMOVAL (Spacify) 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City of Town) ST. STANISLAUS CEMETERY 23d. LOCATION (City of Town) COUNTY) ST. STANISLAUS CEMETERY DUNDALK AVE. BALTIMOR 24. FUNERAL DIRECTOR 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	(Stote)

2007 Bastern Ave.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages E and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.



NO STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF DEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15370 15271

TOOLE	Out.				77711
PLACE OF DEATH a. COUNTY	2.	USUAL RESIDENCE 8. STATE	(Where deceased lived, If inst		before admission)
Balto.	MARYLAND	Md.	b. C00N	Balt	0.
b. CITY OR TDWN (if outside corporate limits, c. l write RURAL and give nearest town)	LENGTH OF STAY IN 1b C.	CITY OR TOWN (If or	itside corporate limits, wri	te RURAL and giv	e nearest town)
Woodlawn		Woodlawn		13.1	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	al, give street address) d.	STREET ADDRESS		6	. IS RESIDENCE ON A FARM?
5512 Windsor Mill Rd.		5512 Wind	sor Mill Rd.	Y	ES ND
3. NAME DF First DECEASED	Middle	Last	4. DATE Month		Year
(Type or print) Louis R.	Rollet	tte	DEATH NOV.	13,	19 66
5. SEX 6. CDLOR OR RACE 7. MARRIED	NEVER MARRIED 8. D	ATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Min.
Male White WIDOWED	DIVORCED Man	rch 15, 190	0 66 yrs.	mondis Days	110013
1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUS	OF BUSINESS OR 13	L. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN	
KAKA Guard ?		Balto. Md.			
13. FATHER'S NAME	14.	MOTHER'S MAIDE	NAME		
Benjamin L. Rollette		Charollet	te Lewis		
	ALSECURITYND. 17. INFO	DRMANT	Addres	S	
(1 cs, no, or annount) (11 yes give war or dates of service)					
18. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), and (e).]			INTE	RVAL BETWEEN
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ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJUR	Y OCCURRED 20e. PLACE D	F INJURY (Home, farm	n, 20f. (City or town)	(County)	(State)
ZDC. TIME OF INJURY Month, Day, Year 2Dd. INJURY Hour a.m. While at work	Not While at work	treet, office bldg., etc.	2)		
21. I certify that (I) (this hospite) attended the	///	pril 4 10:	53 to NOV. 13	106k th	at (I) (wast) last
saw the deceased alive on			109M, from the causes		
22a. SIGNATURE	and that dea	atil bootined dea		22b. DATE SIG	
Silbert E. Kindman	M.D. A		RECTOR PHYS.	NOV.14	1466
226. PHYSICIAN'S CILBERT E. R	VDMAN, M.J.	22d. ADDRESS	Lx Ho	we Breto	hul. 21207
23a. BURIAL CREMATION 23b. DATE THEREOF 23	c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, to	wn or county)	(State)
REMOVAL (Specify)					
Burial Nov. 16,1966 L	oudon Park Ceme	tery 25a, REC'I	Balto Md.	GISTRAR'S SIGN	ATURE

Truman Schwab 3512 Frederick Ave. Balto. Md/

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation of removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after after the -imore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b hours write RURAL and give nearest town) hours BALTIMORE .5 filled i babers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) within 72 STERIE within letely carbon 3. NAME DE DECEASED Middle Last 4. DATE Month Day OF event, compl (Type or print) DEATH executed SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR remove 9. NEVER MARRIED last birthday) Months and any Days WIDOWED DIVORCED physician = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease be during most of working life, even if retired) INDUSTRY and COUNTRY? FATHER'S NAME certificate a MOTHER'S MAIDEN NAME 14. attending parmit. The ANIE 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death permit (Yes, no, or unkown) | (If yes give war or dates of service) cremation. the been signed with the burial transit price to burial, cremati CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Cenditions, If any, which gave rise to immediate DUE TO (a), stating the prior underlying cause last. has as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. use for use Health certificate be retained by the hospital PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) I be detached for State Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this id be detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While ATTENDING at work p.m. 19 at work DIRECTOR: Af age 3 should iled with the S 21. I certify that (I) (this hospital) attended the deceased from 19 66. to that (I) (we) last and that death occurred at 9 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. page ATTENDING M.D. PHYS DIRECTOR PHYS Page 4 may TO HOSPITAL TO FUNERAL 22C. PHYSICIAN'S director, p 22d. ADDRESS NAME (Type)

IS RESIDENCE

NO

ON A FARM?

Year

IF UNDER 24 HRS

MOS.

WAS AUTOPSY

RERFORMED? NO F

(State)

(State)

23d. LOCATION (City, town or county)

55

0

REC'D BY REGISTRAR

25a.

CO

REGISTRAR'S SIGNA

19 6

Hours

YES

VR A15 (4) 20M 1/65

BURIAL, CREMATION,

BURIAL (Specify)

FUNERAL DIRECTOR

24.

23b.

DATE

THEREOF

23c.

ADDRESS

NAME OF CEMETERY OR CREMATORY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH

2000	
PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town
Kingsville	Kingsville 63/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIOENC DN A FARM?
Jericho Road	Jericho Road YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) James W. Ro	owe DEATH November 26 1966
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
M WIDOWED OIVORCED	7/29/1905 Sast birthday) Months Oays Hours Min.
	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY	CDUNTRY?
Accountant Accounting	Aberdeen Md U.S.A.
13. FAIHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Irving Rowe	Lilly Wiles
15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	INFDRMANT Address
	Mary S. Rowe (Same)
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:	DNSET AND DEATH
IMMEDIATE CAUSE (a)	2m / Mombosis ininies
4201 OUE TO*	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. AA22 (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
& Healed Tuberculosis BILATER	
20a, ACCIDENT WAS LINDERLYING TO 1 20b. OFSCRIBE HOW INJURY OCCI.	IRREO. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO A COLOR OF THE PART OF	interior later of injury in fact of facts of the activities
₹ 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Mot while	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from Es	b, 15, 1965, to Not. 26, 1966, that (1) (we) las
	death occurred at 2A. M, from the causes and on the date stated above
22a. SIGNATURE	ATTENOING TO MED. STAFF 22b. DATE SIGNED
Midley tullo no m.c	O. PHYS. B OIRECTOR PHYS. 112166
22c. Physician's NAME (Type) Dr. M. Dudlow Philling	22d. AODRESS
NAME (lype) Dr. M. Dudley Phillips	Darlington, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 11/28/1966 Cokesbury M	[emorial Abingdon HanfondCtre Ma
24. FUNERAL DIRECTOR . AODRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
H.W. Jenkins & Sons Co. 4905 York F	
Balto 12 Md	OATE OO SO

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after déath. Page 4 may be retained by the hospital or attending physician.

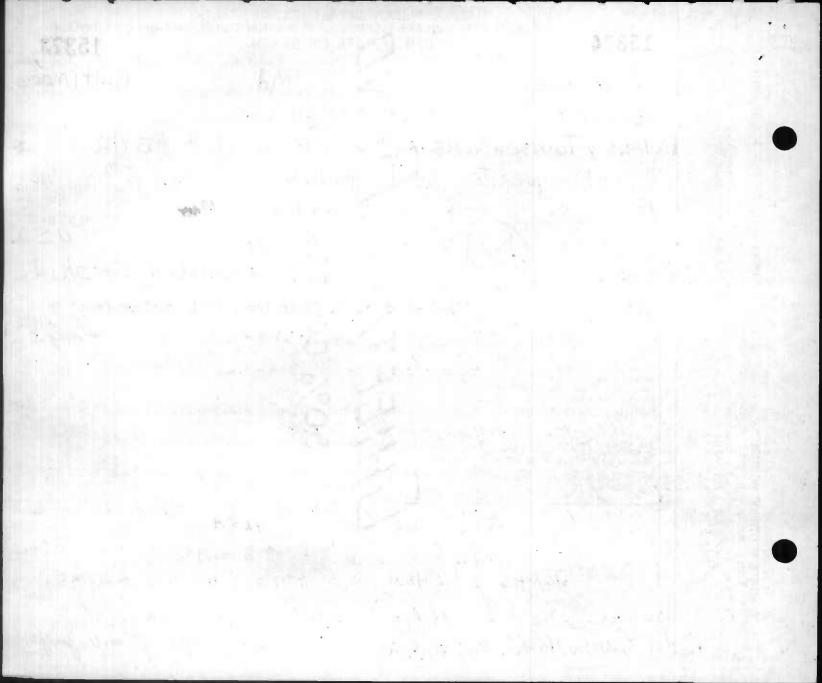
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

	DIVISION OF STATISTICAL RESEARCH AND RECORD		IMORE 1, MARYLAND
		TE OF DEATH	15373
1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived,	
	5 1/1	a. STATE D. O	COUNTYRATIMORS
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limit	ts, write RURAL and give nearest town)
	TOWSON SINKS	BAltiMORE	30.4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	ULANEY-LOWSON NURSINGHOME	13500 LiberTy Heigh	ITS THE YES NO B
3.	NAME OF DECEASED A First + Middle	Last 4. DAPE	Month Day Year
_	(Type or print) MARQUERIE 13,	CUDIN DEATH NO	V. 5 1966
5.	SEX 6. COLOR OF RACE 7. MARRIEO NEVER MARRIEO	I last high	rears IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED OLYORCED		rrs.
10a	a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR INOUSTRY INOUSTRY	11. BIRTHPLACE (County & State, of foreign co	ountry) 12. CITIZEN OF WHAT COUNTRY?
	Housewise At home	RUSSIA	U.S. A.
13.	. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	V 0 1. 1
U	ACOBB. BARSKIN	ESTHER Glicke	N BARSKIN
(Ye	6. WAS DECEASED EVER IN U.S. ARMED FÓRCES? 16. SOCIAL SECURITY ND. 17. es, no, prunkown) (If yes give war or dates of service)	. INFORMANT A	Address
		rs. Gaule Levy, 2701 Man	irleen Court #9
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN DNSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral The	emorlings	4 day 8
	331X DUE TO 11 11 1		
	conditions, if any, which gave rise to immediate (b) Hillian Faces (5)	arturioseles	ores 2403
2	cause (a), stating the OUE TO		
Z	underlying cause last. (c)		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FIC	unte pyelouple	reted	YES ND
ERTI	20a. ACCIDENT WAS UNDERLYING / Ob. OESCRIBE HOW INJURY OCCI DR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURREO. (Enter nature of Injury In Part I or Part	t II of Item 18.)
MEDICAL	Have a	ACE OF INJURY (Home, farm, 20f. (City or tow tory, street, office bldg., etc.)	vn) (County) (State)
MEC	p.m. 19 While Not While lat work at work		
	21. I certify that (I) (this hospital) attended the deceased from	Got 15, 1966, to No	7 4, 1966, that (I) (we) last
		at death occurred at 2/5 M, from the cau	
	22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED 5. 1966
	22c. PHYSICIAN'S M.I	.D. PHYS. OIRECTOR PHYS.	000 3,7700
	NAME (Type) JONAS COHEN	22d. AOORESS PAPK HT	IS AVENHE
23a		RY OR CREMATORY 23d) LOCATION (Cit	ity, town_or-county) / (State)
1	REMOVAL (Specify) NOU 6 6 Hole our Face	On della Daglesse.	and Market (State)
24	FUNERAL DIRECTOR ADDRESS	1 25a, REC'D BY REGISTRAR 25b	b. REGISTRAR'S SIGNATURE
1	of Louison 18 Bun - losin Recotoration	RA POATE NOV 9 1986	Minter Judge
10	2 personal of the colo requestions	OATENUV 9 1300	

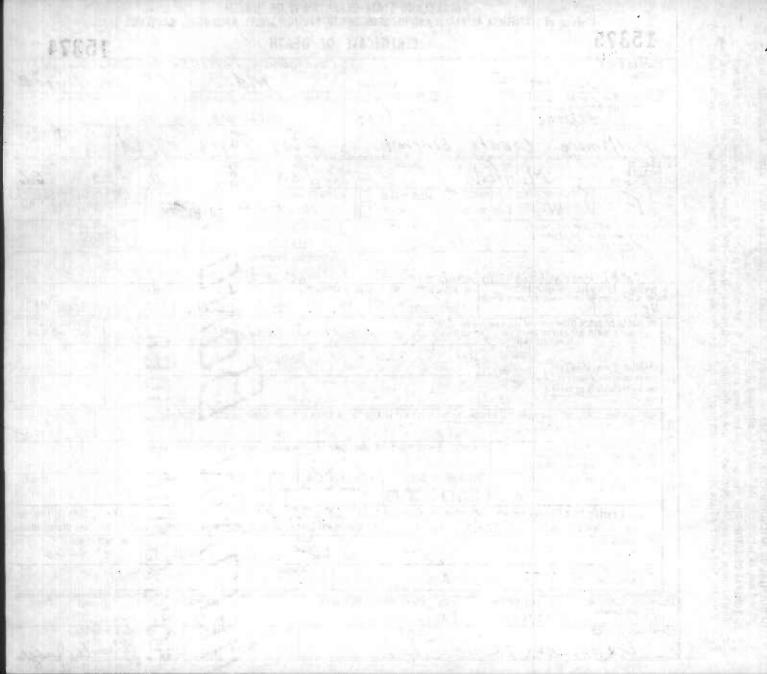
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
15375
CERTIFICATE OF DEATH

15994

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by the funeral Pages 1 and 2 cours after death		0 / /	imore	MARY	0.	UAL RESIDENCE (Where	deceosed lived, if institu b. COL		defore odmission
by the Pages ours aft		o. CITY OR TOWN (If outside of write RURAL and give near Baltima		c. LENGTH OF STAY II		Y OR TOWN (If outside Baltir	corporate limits, write RU	JRAL ond give ne	orest town)
filled in by the furpopers. Pages 1 thin 72 hours after		Bulfimore	TUTION (If not in hos			REET ADDRESS 7	anty Ro	ad	e. IS RESIDENCE ON A FARM? YES NO
campletely f ave carban y event, with	-	NAME OF DECEASED Type or print)	Mildred	Middle	Rv	drek	OATE Mor		0oy Year - 19 6 6
ond campletely filled in by the fure remave carban papers. Pages I in any event, within 72 hours after	S.	6. COLOR	. /	RRIEO 🔀 NEVER MARRIED DWED 🔲 DIVORCED		0F BIRTH 10-14-02	9. AGE (In years lost birthdoy)	Months Do	
ician ond camplettease remave carland in any event,		USUAL OCCUPATION (Give kind ng most of working life, even if Housewife.		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. B	IRTHPLACE (County & Sto Russia	te, or foreign country)	12. CITIZEN	N OF WHAT
· 0.8.	13.	FATHER'S NAME Rabbi Moses	Inih Rah		14. M	OTHER'S MAIOEN NAME Esther	7		
attending p permit. The ian, ar rema		WAS DECEASED EVER IN U.S. AR s, no, or unknown) (If yes give	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORM	ANT	Rudick, 260		Road #15
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	only one couse per li USED BY: EDIATE CAUSE (o)		ARRE	57 + V	TATRICUL	AR	INTERVAL BETWEEN ONSET AND DEATH
physician. signed by the burial-transit burial, cremai		465 X Conditions, if ony, which gov	DUE TO (b)	FULL MONA	RY to	N. BOL15/	1		
e law requ tending ph as been sig as the bu priar ta bu		rise to immediate couse (a stating the underlying coustast.), (DUE TO						
al ar affen al ar affen ficate has b far use as Health prio	ATION			TING TO DEATH BUT NOT RELA		MINAL DISEASE CONOITIO	ON GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMEO? YES NO
さきを	CERTIFICATION	20o. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING ☐ CAUSE O (IF EITHER, NOTIFY MEDICAL EX	F OEATH	0b. DESCRIBE HOW INJURY OC	CURRED. (Enter no	oture of injury in Port I	or Port II of item 18.)	F (8)	
the has r this ce detache te Dept.	MEDICAL	20c. TIME OF INJURY Month, Hour o.m.	Day, Yeor	20d. INJURY OCCURRED While Not While of work	20e. PLACE OF IN foctory, stree	JURY (Home, form, et, office bldg., etc.)	20f. (City or town)	(County	(Stote)
R: After of the State of the St		21. I certify that () (this haspital)	attended the deceased	fram / 5/ nd that death		M, fram causes	and an the	that (I) (we) las
be retained DIRECTOR: A ge 3 shauld led with the		220. SIGNATURE	/mera/	Tmay	M.D. PH		CTOR STAFF	22b. OATE :	SIGNED 3-66
ERAL DIS		22c. PHYSICIAN'S NAME (Type) DR.	PEREZ-	MERA	22/3	Ad ADDRESS	GUNTY 1	17057.	
Page 4 may To FUNERAL director, page shauld be fi	1	REMOVAL (Specify)	23b. OATE THEREOF	23c. NAME OF CEME			33d. LOCATION (City of To Baltimone	Marul	
VR A15 (4) 20 M 1/66	24	FUNERAL DIRECTOR	on &B	nero CO		OATE NO	REGISTRAR 2Sb. R	EGISTRAR'S SIGNA	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1537	6		CERTIFICAT	E OF DEATH			15375
PLACE OF DEATH O. COUNTY	BALTIMORE		MARYLAND	CTATE	(Where deceosed I	ived, if institution: Re b. COUNTY	sidence before odmission)
b. CITY OR TOWN	(If outside corporote limit ad give necrest town)	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		mits, write RURAL onc	give neorest town)
			47 DAYS	d. STREET ADDRESS			l e. IS RESIDENCE
	TAL OR INSTITUTION (IF TO ADMINISTRAT			5323 CUTH	TREET AVE	יאו ובי	ON A FARM?
3. NAME OF DECEASED (Type or print)	Fi	rst UTS	Middle DORBERT	Lost RUDOLPH	4. DATE OF DEATH	Month NOVEMBER	Doy Year 20 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED T	NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF UN	DER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	WIDOWED [DIVORCED T	12 22 09	56	st birthdoy) Mont	ths Doys Hours Min.
10o. USUAL OCCUPATION during most of working PIUMBING 13. FATHER'S NAME	(Give kind of work done g life, even if retired)		O OF BUSINESS OR USTRY	BALTIMORE 14. MOTHER'S MAIDER	MARYLA		2. CITIZEN OF WHAT COUNTRY? U.S.A.
ADAM J.	RUDOLPH ER IN U.S. ARMED FORCES? (If yes give wor or dotes of the control of the	of service)		MARY STRO	BLE	Address	MARYTAND
	ATH WAS CAUSED BY: IMMEDIATE CAUSE y, which gove the couse (o),	(b) BRAI					INTERVAL BETWEEN RECEATE DEATH UNKNOWN
PART II. OTHER S	TUBERCULOS	ONTRIBUTING TO			A. Goodle		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH	205. DESC	RIBE HOW INJURY OCCURRED	. (Enter noture of injury i	in Port I or Port II	of ifem IB.)	
20c. TIME OF IN	Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19			ACE OF INJURY (Home, fo ctory, street, office bldg., et		ty or town)	(County) (Stote)
sow the o	deceosed olive on_	NOV 20	ed the deceased from_ 1966_, and th	ot deoth occurred	19 <u>66</u> , to_ otp. M, f	rom couses and c	19 <u>66,</u> that (X (we) loon the date stated abov
220. SIGNATURI 22c. PHYSICIAN NAME (Typ	to Dr	INSBERG,	0	A.D. ATTENDING PHYS. 22d. ADDRESS VET. ADM	MED. DIRECTOR	STAFF PHYS.	b. DATE SIGNED 1/21/66 RD, MARYLAND
230. BURIAL, CREMAT BURIAL Specif BURIAL 24. FUNERAL DIRECT	Y) 11/2.	3/66	23c. NAME OF CEMETERY OF BALTIMORE NA	TIONAL CEME	23d. LOCATI	ON (City or Town) LTTMORE 2Sb. REGISTRA	(County) (Stote) MARYLAND P'S SIGNATURE
Robert 6	5. alterly	~9 6009	pert C. Alten Harford Rd. timore, Md.		NOV 28	1 100	rarles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then prease remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, or removed in any event, within 72 hours after death

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	A TOWN THE PROPERTY OF THE PRO	

	1	Division of Statistical Research and Records, out to Treation Street, Bactimone, Marten 21201
FOR STATE		15377 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15378
a e g o €		PLACE OF DEATH O. COUNTY Balla MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odm O. STATE MARYLAND
oth. If any delay is oges 1, 2, and 3 to th farm PM3. Page State Department of 2 hours ofter death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2, on PM3 PM3 partm ofter		d. NAME OF HOSPITAL ON INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS R
th. If a ges 1, a farm ote De hours		Rosewood State Hosp 5405 Highwiew ave YES
(D) La	3.	NAME OF First Middle Lost A. DATE Month Doy DECEASED
- T	5	(Type of print) VINZENT ALLEN KUDZINSKI DEATH LOV 2 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors IF UNDER) YEAR IF UN
wi alc	.	make 715 fath WIDOWED DIVORCED 2-15-37 lost birthdoy) Months Doys Hou
hours Item 1 Office ond 2 event		. USUAL DCCUPATION (Give kind of work done ing most of working life, everyif retired). USUAL DCCUPATION (Give kind of work done ing most of working life, everyif retired). INDUSTRY
T C V	1	FATHER'S MAME 14. MOTHER'S MAIDEN NAME
E E E	1	Vincent mortin Rudginski Wally E. Landgraf
red will in person of Exoremit. File of and		WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAR SECURITY NO. 17. INFORMANT Address Address Address
e executed pending" in ef Medicol E ssit permit. F		no. None Rosewood Fosp, Records V
should be executed to word "pending" is to the Chief Medical buriol-transit permit.		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Appropriate Selection Bread in Threat ONSET AN ONSE
word word the Ch riol-tra		92/7 DUE TO 11/1
		rise ta immediate cause (a),
ficate ing the ded of os o		stoting the underlying cause (c) (c)
writ writ rwol rwol sed burio	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFO
	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
INER: Thise certificates should be files. 3 should be as should be int, prior to		PRIMARY TO CONTRIBUTING - Patrient grabed bread a stuffert in moult
Show the show that the show the show that the show	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 11-2 19 66 of work of
Py og b	×	
MEDICAL EXPLOSE execution of the control of the con		21. I certify that I taak charge af the remains described above, held an Autapsy, Inspectian 💢, Inquiry 🔯, and in m
MEDIC pleose e director etoined DIRECT is design		CHIEF MEDICAL EXAMINER
~ ~ ~ ~ *		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
D DEPUTY necessory, property from the funeral smoy be reported by the following the following from the follo		EXAMINER'S NAME (Type) D. D. CAPLES Address (Street, city, town, or county)
necess the furth 5 moy 70 FUN Heolth	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATDRY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial 11-5-66 Meadowridge Cemetery Baltimore, Maryland
		PULLIST LITE OF LIFERGOMITCHE CEMECOLY

VR A15ME (5)

24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Avenue, 21229

2So. REC'D BY REGISTRAR

DATE NOV 4

(County) Mary land 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN DNSET AND DEATH

19. WAS AUTOPSY PERFORMED?

and in my ppinion

22. DATE SIGNED 11-2-66

(State)

*

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15378

CERTIFICATE OF DEATH

15377

1. PLACE OF DEATI	1			e deceased lived, if institution: b. COUNTY	Residence befare odmissian)
a. COUNTY	BALTIMORE	MARYLAND	o. STATE MARYLAI		
b. CITY OR TOWN	(If autside carporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporote limits, write RURAL	ond give neorest town)
FORT H	and give nearest tawn) OWARD	20 DAYS	BAITIM	ORE - 21230	30 4
d. NAME OF HOS	PITAL OR INSTITUTION (If nat in haspitol,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
VETERA	NS ADMINISTRATION :	HOSPITAL	1033 W1:	lliam Street	YES NO K
3. NAME OF	First	. Middle	Last 4.	DATE Month	Doy Year
(Type or print)	JOHN		SANDERS	OF DEATH NOVEME	BER 7 19 66
S. SEX	6. COLOR OR RACE . 7. MARRIED .		8. DATE OF BIRTH	last histholaul M	UNDER 1 YEAR IF UNDER 24 HRS.
MALE	WHITE WIDOWED	DIVORCED DIV	MARCH 23, 1890	76 yrs.	diffus Days fidois Mill).
		IND OF BUSINESS OR	11. BIRTHPLACE (County & Sto	ate, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	INS	ULATOR COMPANY	ESSEX COUNTY	Y, VIRGINIA	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	1 1 1 1 1	Cormant: Wife.
ANDR	ew sanders			A ALLEN (Ler	a Sanders.
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES? 16.		INFORMANT CLINICA	L RECORDS Address	-Same-above)
YES TES	n) (If yes away or dates af service) 21	6 09 26 93 VI	ETERANS ADM. HO	OSPITAL, FT HO	WARD, MARYLAND
	DEATH (Enter only one cause per line far	(a), (b), and (c).)			INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:				
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491)	IMMEDIATE CAUSE (a)	ONCHOPNEUMONIA			RECENT
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fungrat-director, page 3 should be detached far use as the burial-transit permit. They please remave carbon papers. Pages I and 2 should be filed with the State Dept. at Health priar ta burial, cremation, or removal shall any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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JORGE A. PANASA, M. D. VAN NORS HOWARD, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W., PRESTON, STREET, BALTIMORE, MARYLAND 21201 15379 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY h COLINTY MARYLAND and campletely filled in by the remove carbon papers. Pages OTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 CITY OR TOWN (IF auside carparate limits, write RURAL and give hearest tawn) oon papers. Pag within 72 hours S RESIDENCE D NAME OF HOSPITAL OR INSTITUTION Affinat in hospital, give street address) d. STREET ADDRESS ON A FARM? NO F 3. NAME OF DATE Middle Day First Last Year OF DEATH DECEASED ZABETH 196 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED bighday) Manths Hours DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY ing physician Then please ease during most of warking life, even if retired) USTRIA 016 13. SATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INEORMANT (Yes, na, ar unknown) (If yes give war ar dates af service the attend signed by the after burial-transit perm burial, crematian, a 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH JMMEDIATE CAUSE (a) attending physician. DUE TO Canditions, if any, which gave (b) rise to immediate cause (a), **DUE TO** stating the underlying cause the last WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING

TO FUNERAL DIRECTOR: After this certificate has been af Health priar ta be retained by the hospital ar far detached te Dept. af shauld I directar, page 3 sha shauld be filed with TO HOSPITAL Page 4 may b

VR A15 (4) 20 M 1/66

23b. DATE THEREO

21. I certify that (I) (this haspital) attended the deceased fram.

IRVINI ITYATI

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER

Haur a.m.

22c. PHYSICIAN'S DR

22a. SIGNATURE

23g. BURIAL CREMATION.

REMOVAL (Specify)

FUNERAL DIRECTOR

20c. TIME OF INJURY Manth, Day, Year

saw the deceased alive an

NAME OF CEMETERY OR CREMATORY

20d. INJURY OCCURRED

-27-6619

Nat While at wark

20e. PLACE OF INJURY (Hame, farm,

factory, street, affice bldg., etc.)

ATTENDING PHYS.

22d, ADDRESS

2Sa. REC'D BY REGISTRAR

DIRECTOR

2Sb. REGISTRAP'S SIGNAJURE

(City or town)

STAFF

PHYS.

23d. 10CATION (City or Town)

and that death accurred at 1120M, fram causes and an the date stated above.

20f.

(County)

(County)

22b. DATE SIGNED

(State)

that (i) (we) last



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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15380

CERTIFICATE OF DEATH

15379

		PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE (Where deceosed liv	ed, if instituti		e before	odmissio	n) /
1	Ì	Baltimore	9		MAR	YLAND	Maryland					123	1
	b	b. CITY OR TOWN (If outside corporate limit d give neorest town)	S,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corporate lir	nits, write RUF	AL ond give	neorest	town)	
	1	Towson	a give neorest lowin				Baltimore	21206			30	4	
	d	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, g	give street oddress)		d. STREET ADDRESS				е.	IS RESIDI	ENCE
Y	5	St. Jose	ph Hospital				5927 Radeo	cke Ave.			YE	S 🔲	NO D
		NAME OF	Fi	rst	Middle		Lost	4. DATE	Mont	h	Doy	Yea	r
		DECEASED (Type or print)	Am	y	Elizab		Schaefer	OF DEATH		ember	28,		
	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH	9. AG	E (In yeors	Months 1	Doys	Hours	
	I	Female	White	WIDOWED	DIVORCE	D 🗌 🕽	1/28/66		γrs.	14			22
	10o.	. USUAL OCCUPATION	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR		11. BIRTHPLACE (County				ZEN OF V	WHAT	
	dutii	None	B	114	None		Baltimon	re, Mary	Land		U.S	.A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	100				
		John Ant	hony Schaef	er. Jr.			Elizabet	th Ann La	arson				
	15.	WAS DECEASED EVI	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	SS			×
	(Te	NO	(If yes give wor or dotes	or service)	None	Joh	n A. Scha	aefer	(Sam	e)			
			EATH (Enter only one co	se per line for	(o), (b), ond (c).)							VAL BETV	
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Atelectasi	S					ONSE	T AND DE	EATH
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		Conditions, if ony		(b)						131.1			
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		lost.	arrying coose	(c)									
		PART II. OTHER S	IGNIFICANT CONDITIONS		O DEATH BUT NOT RE	LATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		19. V	VAS AUTO	PSY
2	TION		Julian House									ERFORME	10 ON
	FIG	20o. ACCIDENT WA	S UNDERLYING	20b. DE	SCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Port I or Port II o	f item 18.)			-	
	MEDICAL CERTIFICATION		G CAUSE OF DEATH MEDICAL EXAMINER)										
	3		URY Month, Doy, Year	20d. IN	JURY OCCURRED	20e. PLA	E OF INJURY (Home, for	m, 20f. (Cit	y or town)	(Cou	nty)	(5	itote)
	MED	Hour o.	m. m 19	While		foct	ory, street, office bldg., etc.	.)					
		21 certi	ify that (A) (this ho			fram	11/28/	1966 , to_	11/28	196	6 the	t (X) (v	ve) last
		saw the d	eceased alive an_	11/28/	19_66,	and tha	t death accurred at	11:30 M, fr	am causes	and an th	e date	stated	abave.
		220. SIGNATURE	0.	0			ATTENDING	MED.	CTAFF		TE SIGNE		,,
		150	Mis	and		M.I	7 11101	DIRECTOR	STAFF PHYS.	Nov.	28,	190	06
		22c. PHYSICIAN'S		Misanil	c M.D.		22d. ADDRESS	- Di Di	1.1.	26.3	03.0	01.	
		NAME (Type	, Lanzence	'TTO GITT!	110100		7620 York	k Ma., Ba.	LLIMor	, Md.	212	:04	
	230	. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEM	NETERY OR	CREMATORY	23d. LOCATIO	ON (City or To	wn)	(County)	(St	ote)
	F	REMOVAL (Specify	11/30	/1966	Sacred	Hea	art Cem.		Bal to	Co.		Md	
1		FUNERAL DIRECTO	Rins & So	ns Co.	ADDRESS			D BY REGISTRAR	2Sb. RE	GISTRAR'S SI	GNATURE		
7	13	T. M. O GITI	ATIIS OF SO		391to 12		DATE NE	OV 30 1	966 6	May	Cen Q	uda	R
	-6	2-2186	32.		TO TOO A TO	, ,,,,,			U		0	0	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, cremation, or ethand, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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Magra N	call Call . 2 Pro 386	. L. Parente ser	ornigo Director
		Window College Building	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15381 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COLINTY Baltimere Maryland MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Baltimere 21212 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 5733 The Alameda St. Joseph Mospital YES NO 3. NAME OF Middle 4. DATE Doy Year Last DECEASED (Type or print) OF Amelia SCHILDHAUER À. Nov. 19 66 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours 2-6-1887 White WIDOWED X Female DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Shoes COUNTRY? Baltimore Md. William Henry Sanford Angeline Bradley 17. INFORMANT 16. SOCIAL SECURITY NO. Address 212093476 Mrs. Kenneth Phelps 5733 The Alameda INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction

10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nemerical Sales 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates af service) IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave Atherosclerosis coronary arteries. rise to immediate couse (o). DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION Diabetes mellitus. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year foctory, street, affice blda., etc.) Haur o.m. Not While at wark at wark 19 66 Nov. 24. NOV. 29 21. I certify that (4) (this hospital) attended the deceased from. 19. 66, and that death accurred at 5:30 Am, from couses and on the date stated above. saw the deceased stive an Nev. 29 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. Nev. 29.1966 M.D. PHYS. ADDRESS 22d. 22c. PHYSICIAN'S

campletely filled in carban remave any and .⊆ physician a attending p rem 6 crematian, signed by the burial-transit p burial, cremati be retained by the haspital or attending physician. far use as the k f Health priar ta b has been certificate detached te Dept. af O FUNERAL DIRECTOR: After this pe 0 with the 3 directar, page 3 shauld be filed v

requires that the death certificate be executed within 24 hours after death.

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VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR JOHN F. DENNY, INC.

MAME (Type)

23o. BURIAL, CREMATION.

REMOVAL (Specify)

23b. DATE THEREOF

M.S. Cockburn, M.D.

23c. NAME OF CEMETERY OR CREMATORY

7620 York Rd., Baltimore, Md. 21204 23d. LOCATION (City or Town)

(State) (County)

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

YES X

(County)

12/2/66

715 Light St.

DATE DEC

Come tery Bartimore 256. REGISTRAR'S SIGNATURE

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M. Horney		And reservoir, and	
The state of		Telegraphic States of the States	

REMOVAL (Specify)

24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

	15382			CERTIFICA	TE OF DEATH		15381	AL .
1.		LTIMORE		MARYLAND	o STATE	Where deceased lived, if institution b. COUN		admission)
	b. CITY OR TOWN (If outside corporate limit	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carparote limits, write RUR	AL and give nearest	tawn)
	FORT HOW	IA RD		135 DAYS	BALTIMO	RE	03.1	/
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospital, g	ive street oddress)	d. STREET ADDRESS		e.	IS RESIDENCE ON A FARM?
	VETERANS	ADMINISTRA'	TION HO	SPITAL	9114 PHII	ADELPHIA ROAD	Y	ES NO
3.	NAME OF	Fi	rst	Middle	Lost	4. DATE Month	h Doy	Year
	(Type or print)	CH	ARLES	WILLIAM	SCHMIDT	OF DEATH NOVEMBE	ER 12	19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors lost birthday)	IF UNDER 1 YEAR Manths Doys	IF UNDER 24 HRS. Hours Min.
	MALE	WHITE	WIDOWED	DIVORCED	FEBRUARY 25	1897 69 yrs.	Marinis Doys	FIGUIS MIN.
100	o. USUAL OCCUPATION ring most of working	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF COUNTRY?	WHAT
M	ECHANIC	ine, even it retired)		MOBILE	BALTIMORE	MARYLAND	U.S.A.	
13	FATHER'S NAME				14. MOTHER'S MAIDEN			
	ADAM SO	HMIDT			ANN NEUBA	UR		
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	f service) 16. S	OCIAL SECURITY NO.	7. INFORMANT	VA HOSTS	PTAL	
1	YES	WWI		19 18 53 8	CLINICAL REC	ORDS FORT HOW	VARD MAR	YLA ND
		EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	se per line for				INIE	RVAL BETWEEN ET AND DEATH
	5020	DUE			.A₽			
	Canditions, if ony		(b) CHR	ONIC BRONCHI	TIS WITH SEVE	CRE EMPHYSEMA.	61	10NTHS
	rise to immediat						The second	
	lost.)	(c)	ME PERINA				0.79729
2	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19.	WAS AUTOPSY PERFORMED?
ATI0	ARTERI	OSCLEROTIC	HEA RT	DISEASE			YES	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour a.n p.n	10	20d. IN While of work	Not While	PLACE OF INJURY (Hame, farr foctory, street, affice bldg., etc.		(Caunty)	(Stote)
				led the deceased from		19.66_, to_NOV_12		
	1	eceased alive on	NOV 12	19_66, and t	hat death accurred at	3104 M, from causes of		
	22o. SIGNATURE	7. (.	Ta		M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b DATE SIGNE	-66
	22c. PHYSICIAN'S NAME (Type)		TAO, M.	D.	VA HOSF	ITAL, FORT HOW	ARD, MARY	TAND
23	D. BURIAL, CREMATIC	DN, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Tov	vn) (County)	(State)

ADDRESS

300

REGISTRAR'S SIGNATURE

2Sb.

REC'D BY REGISTRAR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15222 Items 3 & 16 CERTIFICATE OF DEATH
15222

_	Film G 414 7/2/69 imi	10000
1.	PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	BALTIMORE MARYLAND	BALTIMORE BALTIMORE
	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
7	OWSON BALTIMORE	BALTIMORE 18 30-4
	d. NAME DF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	GREATER BALTIMORE MEDICAL CENTER	3626 ELKADER ROAD DNA FARM?
3.	DECEASED	CHMIDT DEATH November 2 1966
5.	SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. E (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	T CAU WIDDWED DIVORCED	12/4/1894 71 birthday) Months Days Hours Min.
du	Pa. USUAL OCCUPATION (Give kind of workdone Industry Indu	11. BIRTHPLACE (County & State, or ign country) 12. CITIZEN DF WHAT COUNTRY? BALTIMORE, MAIL OF WHAT COUNTRY? U. SA
	MORRIS LAMBDIN	MARY KENNEY
1	5. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17.	INFORMANT Address
(1	(es, no, or unkown) (If yes give war or dates of service) 216-46-7307	RI. R. SCHMINT (SAME)
=	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	RL R. SCHMIDT (SAME)
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) (21dio respirat	Tory failure
	conditions, if any, which DUE TD Rulmonara me	Yes to ses
	gave rise to immediate	167 10 162
	cause (a), stating the DUE TD Underlying cause last.	wickles
NO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	
CERTIFICATION		PERFORMED?
JE .	20a. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INTERV DOCUME	YES ND XERED. (Enter nature of injury in Part I or Part II of Item 18.)
ERI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Miles. (Enter nature of mjury in rate i of tare ii of from 20.)
		CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL		ry, street, office bldg., etc.)
ME	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from 1	1 1966, to 1/2, 1966, that (I) (we) last
		death occurred at 3 M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF
	22c. PHYSICIAN'S JUAN L. Roque M.D.	. PHYS. DIRECTOR PHYS. X
	NAME (Type) JUAN L. ROQUE	670/ N. Charles St. Balto 21204
23	a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY REMOVAL (Specify)	DR CREMATDRY 23d. LDCATIDN (City, town or county) (State)
	Burial 11/5/1966 St. John's	Lutheran Ch. Blenheim. Md.
	4. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
111	.W.Jenkins & Sons Co. 4905 York Ro Baltimore 12. Mo	
-		

VR AI5 (4) 20M 1/65 mieldom meiseng

9.8 11/0 66 0 12/ 66 Juan L. Roque 39/2/11 × 6701 N Charles St. South 21801

Market and the second s

JUAN L. RORUE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15384	CERTIFICATE	OF DEATH THE		15383
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE Md.	osed lived, if institution b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write, RURAL and give/nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	ote limits, write RURAL	ond give neorest town)
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Bloomsbury Retreat	give street oddress)	701 1 7	toomsowi etreat	e. IS RESIDENCE ON A FARM?
	3. NAME OF First DECEASED (Type or print) Mary	Emma Sc	hmidt OF DEATH	Nov.	Ave. Doy Yeor 18 19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED	HEART DISCOURSED	-27-1887		Wonths Doys Hours Min.
		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, or f	oreign country)	12. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME Pa	lmer	14. MOTHER'S MAIDEN NAME Not known		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	The state of the s	NFORMANT Enry Schmidt 8	Address 361 Hill	endale Rd. 34
	1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: HAR DEATH WAS CAUSED BY: HAR DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o), (b), and (c).) EMERIAEL PRESENTS SECTOR	Undound	Moorage.	INTERVAL BETWEEN ONSET AND DEATH
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Po	ort II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 while p.m. 19 of wor	Not While focto	E OF INJURY (Home, form, ory, street, office bldg., etc.)	(City or town)	(County) (State)
	21. I certify that (1) (this haspital) attens saw the deceased olive on	ded the deceased from	death accurred at 2:30 F	M, from causes ar	2, 1966, that (!) (we) last on the date stoted above 22b. DATE SIGNED
,	22c. PHYSICIANS NAME (Type)	Men M.D	ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF PHYS.	11/18/68 ANG MOLES M
2	230. BURIAL, CREMATION, 23b. DATE THEREOF 7 1 - 2 1 - 66	23c, NAME OF CEMETERY OR C		OCATION (City or Town	(County) (State)
0	24. FUNERAL DIRECTOR Leonard J. Ruck Inc Ba	ADDRESS	250. REC'D BY REGIS	TRAR 25b. REGIS	STRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye tarbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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A DESTRUCTION OF THE PROPERTY OF THE PERSON

TO A CONTRACT OF THE PROPERTY

15385	CERTIFICAT	E OF DEATI		15384
. PLACE OF DEATH		2. USUAL RESIDEN		f institution: Residence before admission
a. COUNTY		a. STATE	b, cou	INTY
b. CITY OR TOWN (if outside corporata limits.	maryland c. LENGTH OF STAY IN 1b	Marytan		ita RURAL and give nearest town)
write RURAL and give nearest town)	c. LENGTH OF STAT IN IB	c. CITT OK TOWN (it duiside corporete itmits, wit	TA KOKAL and give nearest lown,
	III SUPPLIED MALE			03.1
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
8233 Pulaski Hi	chwet	0077 77	1-2 (72).	YES NO
3. NAME OF First	Middle	last PUL	ASKI HISHWA	
DECEASED			OF DEATH	
(Type or print) Mary		huler	LOV	
5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In year last birthday)	
Pemale white wi	DOWED DIVORCED	1/7/1900	6/2 yrs.	Months Deys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country	1 12. CITIZEN OF WHAT COUNTRY
dona during most of working life, even if retired)			3 14 9 5 4 1	
home I		LA MOTUETO MAIN	NIAME	U.S.A.
		14. MOTHER'S MAIDEN		
Charles Kahler		Elizabe	th Wentroth	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addre	SS
Yes, no, or unkown) (Ifyes give we rordetes of service	•)	20 00		
No I		n - Mr. Ch	arles Schul	
18. CAUSE OF DEATH [Enter only one cause	te per line for (a), (b), and (c).	- /		ONSET AND DEATH
PART T. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	comary	Occur	um	Juddel
DUE TO	+ "	0 11		, -
Conditions, if eny, which	Griosclerotic l	and 10-)	ascular a	trains & 5 un
gava risa to immedieta cause	(0:00		00 00 00 00 00	toma jus
(a), stating the underlying DUE TO	411, 21 21	moll	tin	5 Mrs
causa last. (c)	viaveles.	nueu	in	3-10-
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 201 OR CONTRIBUTING CAUST OF DEATH If FITHER, NOTIFY MEDICAL EXAMINER	10110110			YES NO N
20a. ACCIDENT WAS UNDERVING 201	b. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in	Part Lor Part II of item 19)	11.5 [] 1.5 []
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED	, truet nature of injury in	rent of ten ii of iieni io,	
20c. TIME OF INJURY Month, Dey, Year		CE OF INJURY (Home, far		(County) (State)
20c. TIME OF INJURY Month, Dey, Year Hour a.m.	While Not While tech	lory, street, office bldg., etc	**/	
		Trans.	11 Sunt	3 . 1/
21. I certify that (I) (this hospital)		JUN	19 (to // U.V	2, 1966, that (I) (we) las
saw the deceased alive on.	19 Colo, and that	death occurred at .	M, from the causes	and on the date stated above.
220. SIGNATURE	/ .			, 22b. DATE
- ///// ////m	ananer.		MED. STAFF DIRECTOR PHYS.	1 ///4/3 ^{IGNEL}
22c. PHYSICIAN'S	"	22d. ADDRESS	c. 4 1	11166
NAME (Type)	JAUNACIANAN	10× 1/201	UNA	md
Ct /////	CIC 14194141	e fou	en V	1100
13a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, I	fown or county) (Stela)
REMOVAL (Specify) Burial 17/116/6	56 Belair Mem	orial Gard	ona	
14-FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Comment of the Table	C'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
las 1 n 2 ancing to		kling DATE N	INV 1 8 1966	Minter Judge

Charles Judge

death. Page v be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and complete. The in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 1SM 7-62

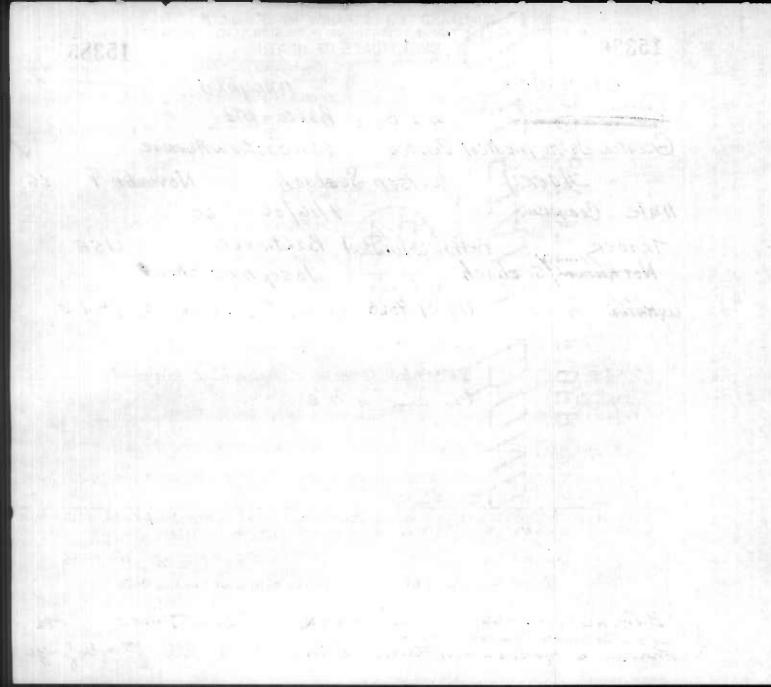
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TO FUNERAL DIRECTOR: After this certificate has been signed by the effecting physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15386
CERTIFICATE OF DEATH
15385

1. PLACE OF DEATH a. CDUNTY Balto . Co . MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: R a. STATE b. COUNTY	esidence before admission)
DE TY OR TOWN (if outside corporate limits L C LENGTH OF STAY IN 1		and give nearest town)
Wighthand insufficient work 42 Day	s Balto-Md.	30.4
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ss) d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
GREATER BOLITO MEdical Center	2511 EasternAvenue	YES ND ND
3. NAME OF DECEASED (Type or print) 44 ERY Wilson	Sechach 4. DATE Month DF DEATH No Vember	Day Year 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER Months Works Months Works Months Mon	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. CER		DUNTRY?
13. FATHER'S NAME HARRY Seebach	14. MOTHER'S MAIDEN NAME SosephiNe Ebert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or uphorm) (If yes give war or dates of service) WONE 215-09-9065	Charles G. SEEbach 109 83	& Aut.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	rators failure	INTERVAL BETWEEN ONSET AND DEATH
163X DUE TO	0 1	
conditions, If any, which gave rise to immediate (b) Metastatic le	ellion è modiantival involvment	
cause (a), stating the underlying cause last. Carcinoma	of Et lung.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT R 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of Injury in Part I or Part II of Item 18	.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While fa at work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	inty) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on November, first 19.66, and t		
22a. SIGNATURE		ATE SIGNED
Dun' lokes	M.D. PHYS. DIRECTOR PHYS. 1/-	1-66
22c. PHYSICIAN'S NAME (Type) Dora C. Kuwilsky	6 reaker Baltimore Hedical Center	
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMET	TERY OR CREMATORY 23d. LOCATION (City, town or con	unty) (State)
24 FUNERAL DIRECTOR WAS HUNETIL INDORESSE	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Francis W. miller 2101 Areles	Land DATE NOV 3 1966 golie	when Judge

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15386

	10367	CERTIFICATE	OF DEATH		11000
1.	PLACE DF DEATH		2. USUAL RESIDENCE (Where dec	eased lived, If institution: R	esidence before admission)
	a. COUNTY		a. STATE 2m	b. COUNTY	141
	Baltimere	MARYLAND	1110	130	11,more
	 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENCTH CF STAY IN 1b	c. CITY OR TOWN (If outside corp	orate limits, write RURAL	and give nearest town)
	Baltimore	21 days	Baltimore		03-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospital, give street address)	d. STREET ADDRESS	1	e. IS RESIDENCE
	1 pmc		us is I to	Rad	ON A FARM?
	JDIIIC		113 Jum barleri	11000	YES NOT
3.	NAME DF First DECEASED	Middle	Last 4. DATE	Month	Day Year
	(Type or print)	Melvina.	Selby DEATH	//	27 1966
5.	SEX 6. COLOR OR RACE . MARRIED	NEVER MARRIED 8	DATE OF BARTH 9.	ACE (In years IF UNDER	
)=	DIVORCED	THE 6/12/82	d Ll	Days Hours Min.
10a		IND OF BUSINESS OR	11. BIRTHPLACE (County & State,	or foreign country) 12. Cl	TIZEN OF WHAT
dur,	ing most of working life, even if retired)	NDUSTRY		CC	UNTRY? USA
	Retired School Teacher		Maryland		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	. 4	
	Parline 111 50/he		C. Lis E	Salha	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 18.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	a ma an umbaum) (If use nive man or detected af comine)		. George E. Selby	/ .	(00
	NO 210	5-40-0290 FII	. deorge E. belby	O (Dai	16/
-	18. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c).]	0		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	ardia menin	oden failure		ONSEL WAR DEVIL
	IMMEDIATE CAUSE (a)	201011103414	100,100		
	DUE TO	00100	a de la deservación de la constante de la cons		
	cenditions, if any, which gave rise to immediate (b)	erevoral n	re l'as l'ayes		
	cause (a), stating the DUE TO		0 1 64		
	underlying cause last. (c) wa	lignant Mi-	elanoma lett	eye.	
CERTIFICATION	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBU	JTINC TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?/
Ä					YES NO NO
트	20a. ACCIDENT WAS UNDERLYING [] 20b. [PECCEIBE HOW INTERV OCCIT	RRED. (Enter nature of Injury In Pa	art I or Part II of Item 18	1 1
ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ALSONIDE HOW INJUNI OCCU	KKED. (Enter nature of injury in the	at t of fait is of item to	<i>''</i>
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		and the second		
CAL		NJURY OCCURRED 20e. PLAC		(City or town) (Cou	inty) (State)
MEDICAL	Hour a.m. While	- Not while I	ry, street, office bldg., etc.)		
Σ	p.m. 19 at work		11/1/	11/02	/ N. at. (1) to at last
	21. I certify that (I) (this hospital) attended	ed the deceased from	16 , 19 66, to		that (I) (we) last
	saw the deceased alive on Zov. 27	19 66, and that	death occurred at 1252M, fro		
	22a. SICNATURE	1 -11.	ATTENDING MED	. 1	ATE SICNED
	Kohert W	· Smith M.D	. PHYS. DIRECTOR	STAFF D	-27-66
	22c. PHYSICIAN'S		1 22d ADDRESS		
	NAME (Type) Robert W. Si	mith	G.B.M	1.6.	
220	BURIAL, CREMATION, 23b. DATE THEREOF	1 23c. NAME OF CEMETERY	OR CREMATORY 1 23d 10	CATION (City, town or con	unty) (State)
238	BURIAL CREMATION, 23b. DATE THEREOF Cremation 11/29/66.				
		Loudon Park Gr		Baltimore, Mo	Le CONATURE
24	FUNERAL DIRECTOR	0 1 0	NOV O	STRAR 25b. REGISTRAR	arly Judge
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Ruck Inc.	DATE NUV 2	9 1956 fca	0
	1 11000		1		

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				meawn x	

1	5	7	0	0	
T.	U	U	0	1	

a. COUNTY	Baltimore		2. USUAL RESIDENCE (W	here deceased lived, if institution: b. COUNTY	Residence before odmission) Baltimore
	(If autside carparate limits,	c. LENGTH OF STAY IN 1b		side corporote limits, write RURAL	
	ad give nearest town)	C. LENGTH OF STAT IN 10	C. CITT OK TOWN (II DOI:	side corporore minis, wine KOKAL	A 2
A NAME OF HOSPI	TAL OR INSTITUTION (If not in h	pasnital give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Joseph8sHos			ld Trail	ON A FARM?
		-			YES NO X
B. NAME OF DECEASED (Type or print)	Buckney	Middle Stokes	Sewell		Day Year 19 66
. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
male	white w	IDOWED DIVORCED	11/13/1899	yrs.	iditiis odys Itaats Mill.
o. USUAL OCCUPATION of warking the Circle	N (Give kind of work done glife, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY		Stote, or foreign country) 1. Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		1984 W. 1984 T. 1984	14. MOTHER'S MAIDEN NA	AME	
Be:	njamin F. Se	ewell	Anna Keri	r	
IS. WAS DECEASED EV (Yespeoper unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates af servi		INFORMANT Mrs. Alma S	Sewell 368	Old Trail
18. CAUSE OF D	DEATH (Enter anly ane couse per	r line for (o), (b), and (e))	-10		INTERVAL BETWEEN
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cohon	and Thi	ZIZOCIMON	ONSET AND DEATH
4201	DUE TO				
Conditions, if on	y, which gove) (b)				
rise to immedia		Local Control of the			
last.	(c)_				
PART II. OTHER S	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONE	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF OEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	. (Enter nature af injury in P	art I or Port II of item 18.)	
Haur a	JURY Manth, Doy, Yeor .m. 19		ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
21. I cert	ify that (I) (this hospital deceased alive on) attended the deceased from_ 19 cc, and the	at death accurred at	M, from causes and	_, 19 Cothat (I) (we) las d on the dote stated obove
276. SIONATURI			I.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 1/-12-66
22c. PHYSICIAN NAME (Typ	S. Dr. Willia	am Fusting.	4230 Lo	ch Raven Bly	d.
230. BURIAL, CREMAT				23d. LOCATION (City or Town) Baltimore	(County) (Stote) Maryland
24. FUNERAL OIRECT		ADDRESS			TRAR'S SIGNATURE
Mitchel	l-Wiedefeld	Home 6500 Yor	k Rd. NATE N	101/ 1 = 1000	201

Maryland 21212

Baltimore,

NOV

1966

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

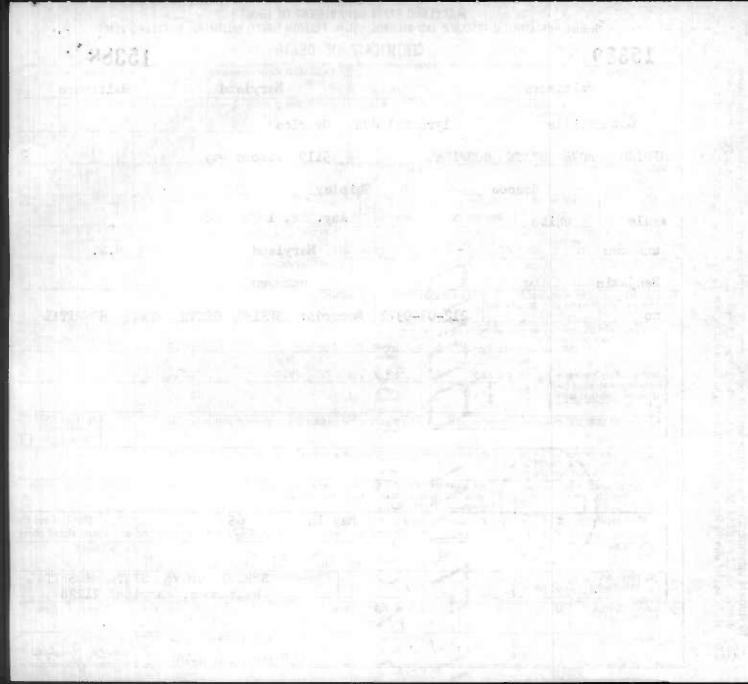
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15389	CERTIFICATE	OF DEATH		15388	4
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryla	h count		
 b. CITY OR TOWN (If outside corporate lim write RURAL ond give nearest town) Catons ville 	lyr5mth18dys	c. CITY OR TOWN (If outside c	orporote limits, write RUR	AL ond give neore:	st town)
d. NAME OF HOSPITAL OR INSTITUTION (IF SPRING GROVE STA		d. STREET ADDRESS 5119 Ardmore	Wav		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First Middle	Lost 4. D		h Doy	Year 19 66
S. SEX 6. COLOR OR RACE white	011	B. DATE OF BIRTH Aug. 22, 1878	9. AGE (In yeors lost birthdoy) yrs.	Months Doys	Hours Min.
00. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) DINKYLOWN Photo En	e 10b. KIND OF BUSINESS OR INDUSTRY graver—News Americ		e, or foreign country) Baltimor	12. CITIZEN OF COUNTRY?	F WHAT
13. FATHER'S NAME Benjamin Shiple		14. MOTHER'S MAIDEN NAME	Henrietta		
1S. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes give wor or dote	s of service)	INFORMANT ecords: SPRING	Addre GROVE ST		EPITAL
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS	(c) (b) Arterioscler (c) (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	Haseas	[19.	WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Port II of item 1B.)	Y	PERFORMED? /ES NO
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.	While - Not While - foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
saw the deceased alive on	aspital) attended the deceased fram_ }19, and tha	May 14 , 19 6 at death accurred at 73	5, to M, fram causes	and an the da	
22c. PHYSICIAN'S NAME (Type)	COW. CARMONE	D. ATTENDING MED. DIRECT 22d. ADDRESS SPRI			OSPITAL
230. BURIAL, (REMATION, REMOVAL (SPECIFY) 11/1		CREMATORY 23 Cemetery	Baltimore	wn) (County	
24. FUNERAL DIRECTOR Schimunek Funera 3331 Brehms La	1 Home, Inderess	250. REC'D BY R	1 5 1966	gistrar's signatu	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15390 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COLINTY b. COUNTY MARYLAND Maryland Raltimore . CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAU and give negrest town) 34 Yrs. Ball Hamores Climore - 0 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO A Spring Grove State Hospital Wade Avenue Ballimore 3 NAME OF First Middle Lost DATE Year DECEASED (Type or print) DEATH Nov. HARRY SHRIVER S SEX AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last hirthdoy) Months Dovs Hours WIDOWED DIVORCED I White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Ftostburg. Md Coal miner 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Eisel Walter W. Shriver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, go, or unknown) (If yes give wor or dotes of service) World War 1 Martin Kircher 1215 Fidelity Bldg Belto 1 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (a) DUE TO Ateriosclerotica Heart Disease Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? CERTIFICATION YES 🗶 NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INITIRY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram. 19 32 to 1966 , and that death accurred at 1020 M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF 62 11-25-66 DIRECTOR 22c. CHYSICIAN 22d. ADDRESS Young, Spring Grove State Hospital Anthony J. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimore National Cem Frederick Road Md Nov 29 1966 4. FUNERAL DIRECTOR
The Dippel Bros Inc. 7110 Belair Road 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

Minutes

death requires that the death certificate be executed within 24 haurs after death. funeral 1 and after physician and campletely filled in by the f en please remove carban papers. Pages papers. Pagr hin 72 hours c within 72 pau event, and in any signed by the attending burial-transit permit. Th Ы burial, crematian, attending physician. as the fo FUNERAL DIRECTOR: After this certificate has been Health p TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or for detached State [be shauld 3 , page be filed directar, shauld b

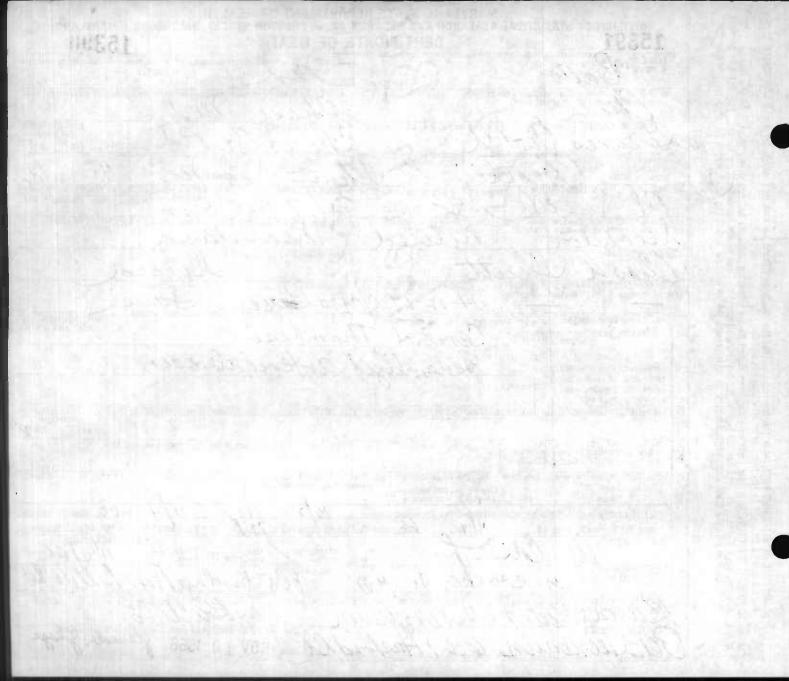
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		and their will	pat non legont sin

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 2. a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OB TOWN (If outside comporate limits, write RURAL and give nearest town) and give nearest town) event, within 72 hours completely filled in e. IS RESIDENCE HOSPITAL OR INSTITUTION (if pet in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO executed within remove carbon 3. DATE NAME OF Middle Day DECEASED (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 6. COLOR OR NEVER MARRIED and any WIDOWED DIVORCED and in 10a. BUAL OCCUPATION (Give kind of work done) 10b. 11. BIRT & State or foreign country) 12. CITIZEN OF WHAT physician ease death certificate be COUNTRY? post of working its even if retired) d removal, EATTHER'S NAME 14. MOTHER'S MAIDEN NAME attending 1 (Yes, no, or unkown) (If yes give war or dates of service) INFORMAN permit. or s been signed by the atte the burial-transit permit ior to burial, cremation, or INTERVAL BETWEEN CAUSE OF OEATH [Enter only one cause per_line for (a), (b), and (c).] TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a enscleroses DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating prior underlying cause last. FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as nould be filed with the State Dept. of Health prior 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? ICATI NO I YES CERTIFI 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) CAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. MEDI Not While While p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2.1 CZM, from the causes and on the date stated above. saw the deceased alive on 19 66. 22a. SIGNATURE 22b. DATESIGNED ATTENDING STAFF DIRECTOR PHYS. M.D. PHYS. PHYSICIAN'S 22d. ADDRES 22c. director, p NAME (Type) CREMATION 27b NAME OF CEMETERY OR CREMATORY (State) 23c. 23d. or county) 2 REGISTRAR'S SIGNATURE 25b. 25a. REC'D BY REGISTRAR VR A15 (4)

15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15392	CERTIFICATE	OF DEATH		15391
1		PLACE OF DEATH			re deceosed lived, if institution: Reside	ence before odmission)
1	(O. COUNTY DAITIMO	MARYLAND	O. STATE MALY	1/742 b. COUNTY B	192 TIMOTE
1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	le corporote limits, write RURAL ond gi	ive neorest town)
	170	RUTAL (7REELAND) BYEAN	RUTAL	TREELAID)	03-1
0	1	NAME OF HOSPITAL OR INSTITUTION (If not in b	espitol, give street address) Rechard ML	d. STREET ADDRESS MiddelTon	N RL	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First DECEASED First	Middle	Last 4.	DATE Month OF DEATH NOV. 15	Doy Year
	S. 5	(Type or print) - 37 - 17 FY	ATE JAY. SIND	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
		F W WI	DOWED DIVORCED	10-24-1883	lost birthdoy) Months	Doys Hours Min.
34	10o. duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if etired)	10b. KIND OF BUSINESS OR INDUSTRY TO m e	11. BIRTHPLACE (County & St	tate, or foreign country) 12. (COUNTRY?
	13.	FATHER'S NAME	111	14. MOTHER'S MAIDEN NAM	IE /	
ч		Joseph F. JI	NJALL	Louis	e day	
		WAS DECEMED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi	(ce) 16. SOCIAL SECURITY NO. 17.	os ep L D	SINDALL 5939	Benton Height
		18. CAUSE OF DEATH (Enter only one couse per		1		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	H.S. C. V. 6	Mease		ONSET AND DEATH
B		4221 DUE TO				7.0 5.072
-33		Conditions, if ony, which gave (b)				
æ		stoting the underlying couse DUE TO				42 SM SM
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	DUTING TO DEATH DUT NOT DELATED TO	THE TERMINAL DISEASE CONDIT	TON CIVEN IN DADT 1(a)	19. WAS AUTOPSY
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	PERFORMED? YES NO
	L CERTIFICATION	20₀, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (C	ounty) (Stote)
		21. I certify that (I) (this hospital) saw the deceased olive on/		12/1/24, 19_ t death occurred ot/6	ta /// 19 M, from couses ond on	
		220. SIGNATURE	7 (4.4.0 — M.)	ATTENDING ME	22b.	DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	RANCE	22d. ADDRESS	RKTON Hd	7/2/02
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County), (Stote)
0		MOVAL (Specify) 11-18-19	66 MORELAND	Memorial	PALTO	ML
8	24	FUNERAL DIRECTOR	ADDRESS ADDRESS	1 P/ 2So. REC'D BY		0 0
101.	(MARLOS 1- EURAS	YOU 8804 HARBOR	LA DATE INU	IV 17 1966 gold	arley Judge

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please jemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and 1 any event, within 72 hours proceed the

* -10831

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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		MARILAND STATE DEPARTMENT OF I	
DIVISION	OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALL
15393		CEDTIFICATE OF DEATH	45900
10000	T+0 - 27	CERTIFICATE OF DEATH	15392

1. PLACE DF D	TEATH	7 100 217	4707 41/4	-77	O HOTTE DECIDENT	OF /1111	. Inches and 12-s	- A AR 2			
a. COUNTY					2. USUAL RESIDEN			b. CDUN	TY : HOLION: K	esidence	
	Baltimore		MARYLA	ND	Mar	ylan	d	D. 02011	Bal	timo	re
b. CITY DR	TOWN (if outside corporate JRAL and give nearest town	e limits,	c. LENCTH OF STAY I	N 1b	c. CITY OR TOWN (If	foutside	corporate II	mits, wri	te RURAL	and give	e nearest town
WITE KE	Owings Mills	"	71/2 rme		Ro I	timo	ma 7			13.	1
d. NAME O	F HOSPITAL OR INSTITUTION	N (If not in he	3½ yrs	(rose)	d. STREET ADDRESS	CTIMO	re/			in other b	. IS RESIDENC
				11633/	d. STREET ADDRESS					0.	ON A FARM?
	Rosewood Stat						yfair				ES NO 2
3. NAME DF DECEASED	Fir	st	Middle		Last	4. DA	TE	Month		Day	Year
(Type or pr	, www.		Thomas		SIMPSON		ATH	11		21	19 66
5. SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. ACE (1				FUNDER 24HR
Male	White	WIDOWED			9-22-60		last bi	rthday)	Months	Days	Hours Min.
1Da. USUAL OCC	UPATION (Cive kind of work d		IND OF BUSINESS OR	<u> </u>	11. BIRTHPLACE (C	ounty & S	tate, or foreig	7) 12. C	ITIZEN O	OF WHAT
	working life, even if retired)	NDUSTRY						CC	DUNTRY?	?
Depen			none		Baltimor			u			U.S.A.
Donal	d Joseph Simpa	son			Elizabet	th Lu	cille				
(Yes, no, or unko	SED EVER IN U.S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17.	INFDRMANT			Addres	S		
no			none	Ro	sewood Reco	rds,	Owing	s Mi	lls,	Mary	yland
18. CAUSE	DF DEATH [Enter only one	cause per li	ine for (a), (b), and (c).]							EVAL BETWEEN
PART	I. DEATH WAS CAUSED BY:		Komahar	oh!	ymonie	9					E LOUIC
1191	IMMEDIATE CAUSE (Jon www p		1110000	-				-	- neng
Conditions	If any which)		4.00								
	Cenditions, If any, which gave rise to immediate (b)										
	, stating the DUE 1	ТО									
		(c)									
PART II. OTH	HER SIGNIFICANT CONDITION	NS CONTRIBU	TINC TO DEATH BUT NO	TRELA	TED TO THE TERMINAL I	DISEASE	CONDITION	IVENIN	PART 1(a)		WAS AUTDPSY PERFORMED?
ICA		the	1-1)aul1	25	Synulo	me				YES	
PART II. OTH	ENT WAS UNDERLYING	2Db. D	ESCRIBE HOW INJURY	OCCU	RRED. Enter nature of	f Injury I	n Part I or I	Part II of	Item 18.	.)	
	BUTING CAUSE OF DEAT, NOTIFY MEDICAL EXAMIN	ER)									
2Dc. TIME Hour	OF INJURY Month, Day, Y	ear 2Dd. If	NJURY OCCURRED 12D	e. PLA	E OF INJURY (Home, fa	arm. 20	f. (City or	town)	(Cou	inty)	(State)
Hour	a.m.	While	Not While at work	facto	y, street, office bldg., e	etc.)					
	p.m. 19										
	ertify that XX (this hospi						to 11-				at OK (we) las
	deceased alive on 12	1-21	19_66, and	d that	death occurred at]	11:30	feommthe	causes a			
22a. SICN	IATURE	2 -	/						22b. D	ATE SICE	NED
	a your	MM	7	M.D	ATTENDING PHYS.	MED. DIRECTO	R PHY		P		
22c. PHYS		1	1		22d. ADDRESS			7			
INAIAI	E (Type)	/	/								
23a. BURIAL, C	CREMATION, 23b. DATE TI	HEREOF	23c. NAME DF CEM	ETERY	OR CREMATORY	1 23d.	LOCATION	(City, to	wn or cou	inty)	(State)
REMOVAL	(Specify)		TI - 7 70								Ma
Buria 24. FUNERAL		00	HOLY Fa	mil	1 / Sta LIDE	O'D BY D	ECISTRAR	25b. PE	STOW!	SSICNA	Md.
2/	50	1/	4204 fre	great	wood 1200	A 5 3	1966	100	liane	en C	uder
Herri	1). arma	cast	Balto ma	2	1215 DATE /	all.	25 66			0	0.

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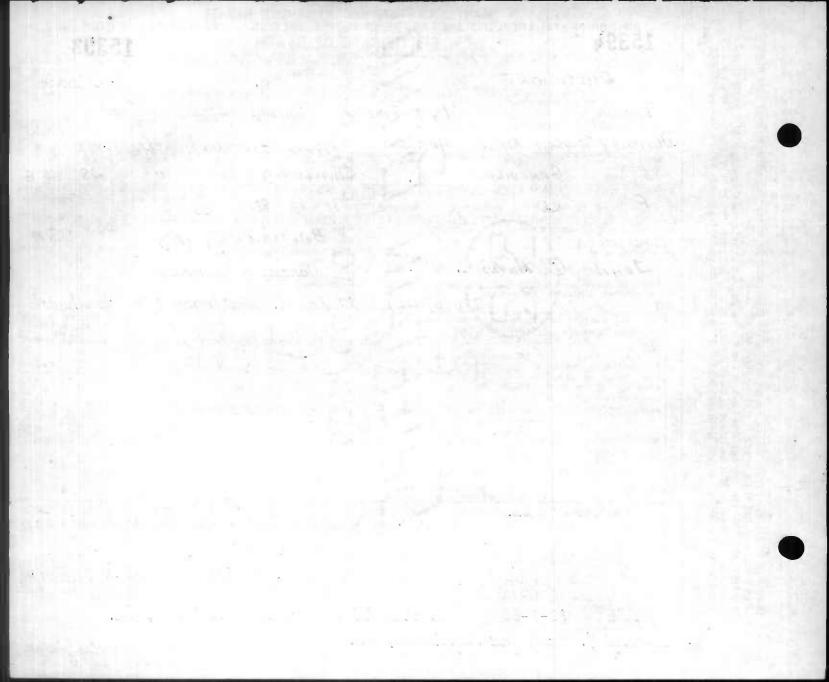
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THE REAL PROPERTY.		oon start starts
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	15394 Ttem	CERTIFICAT	E OF DEATH	nh	15393
1.	PLACE OF DEATH a. COUNTY				tution: Residence before admission)
	PALTIMORE	MARYLAND	a. STATE Md	b. COUNT	Raltimone
	b. CITY OR TOWN (if outside corporate limits.	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	e RURAL and give nearest town)
	-write RURAL and give nearest town)	IVR-8mos	Toruson	& Baltimore	1021
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS	8402 Greenway	e. IS RESIDENCE ON A FARM?
1	DULANEY-TOWSON NRSG.	HOME	Dulphydy+	puspy Nursi	no Homes No
3.		Middle	Last	4. DATE Month	Day Year
	(Type or print) GENEVIEVE		MALLWOOD	DEATH //	28 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED WIDOWED		11 - 13 - 80	86 yrs.	
10 du	a. USUAL OCCUPATION (Give kind of work done 10b. Kir ripg most of working life, even if retired) INI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Con	inty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewite		BALTIM		USA
13	FATHER'S NAME	OIN I	14. MOTHER'S MAIDE	N NAME	
	JOHN WINDEL.	Viveal	Dorcus	A Hammontre	2
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S es, no, or unkown) (If yes give war or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT	Address	
	216	54670141 Wi	lliam H.	mallwood 152	23 Northqate
	18. CAUSE DF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	001	1 m	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mocarde	al Indo	relin, Myoca	wall Suldon
	4201 DUE TO A	4. 1) Ac	far	Duse
	Conditions, If any, which) (b)	rleriosch	levolice	CAD	5700
	gave rise to Immediate (cause (a), stating the DUE TO				0
-	underlying cause last. (c)				
10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMEQ?
FICA	deide Bo	istro Enler	rilis		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING CAUSE OF DEATH 20b.	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II of	Item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	Have a m	facto	CE OF INJURY (Home, far ory, street, office bldg., etc.	m, 20f. (City or town)	(County) (State)
MEO	p.m. 19 at work	Not While at work			
	21. I certify that (I) (this bosnital) attende				7, 19 6 6, that (I) (we) last
	saw the deceased alive on Nov 1	7 19 6 %, and that	t death occurred at L	PM, from the causes a	nd on the date stated above.
	22a. SIGNATURE	p ·	ATTENDING M	ED. STAFF	22b. DATE SIGNED
	Joseph I di	lua M.D	D. PHYS. D	IRECTOR PHYS.	11/28/65
	22c. PHYSICIAN'S TOSEPHE L	i PiRA Mil	22d. ADDRESS 400	-och Raven 1	3Lvd. Balto. 4, Mc.
23		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	vn or county) (State)
	Burial 12-1-66	Druid Rido	e Cemetery	Baltimore.	Md.
24	4. FUNERAL DIRECTOR	ADDRESS	25a. REC	D BY REGISTRAR 25b. REG	SISTRAR'S SIGNATURE
1	eonard J. Ruck Inc Ba	ltimore, Md.	DATE M	DV 20 1000 /	mlinela Outra

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 395 CERTIFICATE OF DEATH death. and PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY GREATER a. STATE b. COUNTY filled in by the fu papers. Pages 1 a hin 72 hours afters after Baltio. Balto. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE remove carbon papers any event, within 72 Tollgate ON A FARM? No X 8 YES within completely 3. NAME OF Middle DATE Month Day Year Last 4. DECEASED DF (Type or print) DEATH 19 66 executed 6. COLOR OR RACE / 7. MARRIED 5. SEX DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) Days and In any Months Hours Min. and 12. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 10a. USUAL OCCUPATION (Cive Kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please pe contificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WaRS ALTER RO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attend it permit. 16. SOCIAL SECURITY NO. INFORMANT Address 17. 0 (Yes, no, or unkown) | (If yes give war or dates of service) death burial-transit pern burial, cremation, other 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO MBRANE Conditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? NO T YES retained by the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR: After this certi: director, page 3 should be detached f should be filed with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 4.350M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SICNED 22b. pe page . ATTENDING M.D. PHYS. DIRECTOR Page 4 may 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) 1.015 REATER CE BURIAL, CREMATION, 23b. REMOVAL (Specify) 23a. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CIty, county) (State) or MED FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR I 25b. REGISTRAR'S SICNATURE VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	15396	CERTIFICATI	UF DEATH	1.5	3.4.5
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, If institution: R	esidence before admission)
	a. COUNTY ROLL		a. STATE	b. COUNTY	ont.
	pairmine	MARYLAND	- Mary Co	uel L	alluno
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 1b	c. CITY OR TOWN (If odtside	corporate limits, write RURAL	and give nearest town)
	Drot.	18 days	TOWISON A		Ta. 03.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital		d. STREET ADDRESS	D. Charle	e. IS RESIDENCE
	a + Rate	- 1- +	E1 (1	11 11	ON A FARM?
	greath ballmore Medic	al author	5/4/	tamply a cag	YES NO L
3.6	NAME DF First	Middle	Last / 4. DA	TE Month	Day Year
	(Type or print) Item last	910.0	OF	ATH NOV	23 1966
5.	SEY LC COLOR OR PAGE	THE MANUEL TO LE	B. DATE OF BIRTH	O ACE (In years IEIINDED	
	6. COLOR OR RACE 7. MARRIED N	EVER MARRIED	March 2 1892	last birthday) Months	Days Hours Min.
	May Can WIDOWED	DIVORCED	March 2, 10/3	7 3 yrs.	
10a	. USUAL OCCOPATION (Give kind of work done 10b. KIND OI	F BUSINESS OR RY	11. BIRTHPLACE (County & St		ITIZEN OF WHAT
uui	A T I I I I I I I I I I I I I I I I I I	RT	ROFE	Ci	DUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAMI		can_
10.	TATHER S HAMES		14. MOTHER'S MAIDEN NAMI	_ / / -	
	John Smilh	Side of the last	Mary	Braddook	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT	Address	
(Ye	is, no, or unkown) (If yes give war or dates of service)	- 01 54 5			
_	1-13	-01-55081	Mrs. Ethel M	1. Durrett 514	Hampton Lane
	18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]	1 > 00		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	2Dio - Real	1. Lader o		ONSEL WAR DEVIL
	IMMEDIATE CAUSE (a)		1	3	
	DUE TO P	0	antonio	Viseaso	
	Conditions, if any, which (b)	uller	- County	320 00	
	gave rise to immediate (cause (a), stating the DUE TD	1 1	1 20 1		
	underlying cause last. (c)	cabelles	Mollila		TO THE RESERVE
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TD DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART 1(a)	119. WAS AUTDPSY
CERTIFICATION			120 10 1110 10		PERFORMED?
9					YES NO
E	20a. ACCIDENT WAS UNDERLYING 20b. DESCR	IBE HOW INJURY OCCU	RRED. (Enter nature of Injury In	Part I or Part II of Item 18.	.)
B	OR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCUPATION DIA	E OF INJURY (Home, farm, 201	f. (City or town) (Cou	inty) (State)
MEDICAL	House a m	factor	y, street, office bldg., etc.)	i. (City of town) (Cou	inty) (State)
ME		ot While at work			
	21. I certify that W (this hospital) attended the	deceased from	10V. 5 1966	to 10 23 . 196	that (I) (we) last
				,	
	saw the deceased alive on Act 22	_19_66, and that	death occurred at ZOSM,		ATE SIGNED
	22a. SIGNATURE		ATTENDING - MED.	STAFF 1/1	ALE SIGNED
Ε.	Ilmis Coliano	M.D		PHYS.	V. 23 1966
	22c. PHYSICIAN'S	1	22d. ADDRESS Q		
	NAME (Type) DENIS (HA	N	1/3	M.C.	
23a	. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY 1 23d.	LOCATION (City, town or cou	unty) (State)
200	REMOVAL (Specify)				
0.5	Burial 11/26/66			altimore, Mary	land
24.	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY R	EGISTRAR 256 REGISTRAR	SIGNATURE
W	m. CookpBrooks Towson 1050 Yo	ork Rd. 2120	04 DATE ~	230	10
=			1	18	

1/65 VR AIS 20M 1,

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.	S	rect	haul	
5 2	2	0	ইত shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deathe	
\	R A	15	(4)	(

	15397	Maria Isla		CERT	IFICATE	OF	DEATH	3,79		1	5396		
1.	PLACE OF DEATH						AL RESIDENCE (Where dece				fare odmis	sian) /
	O. COUNTY RAL	TIMORE		AA.	ARYLAND	a. S	TATE	1/1 6	NA	b. COUNT		11/6/	800
\vdash	b. CITY OR TOWN (If a			C. LENGTH OF STA		c CITY	OR TOWN (If ou	reide corn	orata limits u	rite PUD	VASH I	rest town	0 N
	write RURAL and gi	ve nearest town)	'	C. LENOTH OF STA		C. CIII	D.		ordic illiliis, w	TITLE RUKE	te and give nea	1031 10411)	
		SYILLE					DROV	VNS	VIL	F	(COM	21'-	5
	d. NAME OF HOSPITAL	OR INSTITUTION (If no	t in hospitol, g	ive street oddress)	- 11	d. STR	EET ADDRESS					e. IS RES	FARM?
	PINE	HOUSE	- 1	IRSING	- HOW	-		×*.*				YES _] NO [7
3.	NAME OF	Fir	st	Middle			Last	4. DATE		Month	D	ay)	/ear
	(Type ar print)	Ine 3		ION.	5 S	m	th	OF DEAT	гн	11	9	7 19	66
S.		COLOR OR RACE	7. MARRIED	NEVER MARE		. DATE	OF BIRTH		9. AGE (In y		IF UNDER 1 YEA	R IFUND	ER 24 HRS
	E	10/	WIDOWED	DIVOR		9-	12-10	50	lost birth	17	Months Doy	s Hours	Min.
100	. USUAL OCCUPATION (G	ive kind of work done		ND OF BUSINESS OR		11 01	RTHPLACE (County	2 Stote or	foreign countr	yrs.	12. CITIZEN	OF WHAT	
	ring most of working life,	, even if retired)		DUSTRY	`	11. 01		a store, ar	idieigii cooiiii	17	COUNTR		
	HOUSE	NIFE				V	KB-IN	10			105	4.	
13.	FATHER'S NAME	0/		0.175	100	14. MC	THER'S MAIDEN I	NAME					
	FI)WAR	20 K. 7	RITA	POE		AI	DA M	AE	0,0	RDE	ニトト		
15		U.S. ARMED FORCES?	16. 3	SOCIAL SECURITY NO). 17. I N	FORMA	NT			Addres	S		
(1	es, no, ar unknawn) (If	yes give war ar dotes of	r service)	D - 22 23	307 B1	- 04	MA	11 - 5	I MAL	1	18411	Luna	E Ot.
=	19 CAUSE OF DEAT	H (Enter only one cous	se per line for		I G L O I	=-1	DA.	TOI	FIVIA	V -	10.6	NTERVAL B	ETWEEN
	PART I. DEATH	WAS CAUSED BY:	and a	(o), (b), and (c).)	1/2		1-7					ONSET AND	
	1/221	IMMEDIATE CAUSE		rocarac	a u	- Car	mare	un				12	11
	4221	DUE	10 - 7	- 1	7.	B	1. 20	400	1 -		4.50	100	10.0
	Canditions, if any, wh	00150 (0)	(b) are	revere	roue	COV	wis-ya	sen	ex D-	s.	24	10%	2
	stoting the underlying		TO									-	
	lost.		(c)					1.0					
-	PART II. OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT	RELATED TO TI	HE TERM	INAL DISEASE CON	DITION G	IVEN IN PART	1(o)		9. WAS AU	TOPSY
100												YES T	NO L
CERTIFICATION	20o. ACCIDENT WAS UN	IDERLYING [205. DE	SCRIBE HOW INJURY	OCCURRED. (Enter no	ture of injury in	Part Lar F	Port II of item	18)			
E	OR CONTRIBUTING	CAUSE OF DEATH					and or injury in			10.7			
	(IF EITHER, NOTIFY MEI		1 001 14	IJURY OCCURRED	I no DIAC	C OF INI	HDV (II) f	, 20f.	(Chr. on A		(County)		(CA-A-)
MEDICAL	20c. TIME OF INJURY Haur a.m.	Manm, Doy, Teor	While				URY (Hame, farm , affice bldg., etc.)		. (City or to	awii)	(Caulity)		(Stote)
×	p.m.	19	ot wark	ot work								50	
		that (1) (this-hos											
	saw the dece	eased alive an	11-8	1966_	, and that	death	accurred at	5.250	M, fram co	auses a	ind an the d	ate state	ed abar
	22a. SIGNATURE	10.0	,1			ATT	NOINC & C	MED.	CTAE	E	22b. DATE SI	GNED	-177
	Thelm	n K. Jac	llag	er	M.D	. PHY	INDING S.	DIRECTOR	STAP	s. \square	12-9	-66	
	22c. PHYSICIAN'S	45)	old	11	110		. ADDRESS		1.			- ^	,
	NAME (Type)	Vilmer	K. 58.	Mager	M.D.	1.6	209 Fre	deric	of Dot	Bal	1.2222	· M	d.
23	o. BURIAL, CREMATION,	23b. DATE THE	REOF	23c. NAME OF C		REMATO	RY	1 23d	LOCATION (Cit	v or Taw	n) (Caur	ntv)	(State)
	REMOVAL (Specify)	1, 11	11	0		111	10	1/	RY-	Ro	K. Treus	11/1	M
2.	4 FUNERAL DIRECTOR	1/1-/3-	06	ADDRESS	ITTSY	121	25g REC	BY PEGI	STRAP	25h2860	ISTRAR'S SIGNA	NIRE	THE
1	PAL	1.41		A P. LALA	India W	1 N	YUN	14	1966	fice	ares	ing	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

		MARY	LAND STATE DE	PARTMENT OF	HEALTH	
		STATISTICAL RESEARCE	CH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
	15398	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	15397
1.	PLACE OF DEATH			. USUAL RESIDENCE	Where dacased livad, If instituti	المتأسبة مطبعته الخاساتان

•	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)					
	BALTIMORE MARYLAND	a. STATE Mereline b. COUNTY Bas	lte mus					
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	C CITY OR TOWN (If puside corporate limits, write RURAL and	give nearest lown)					
1	Buth - Rykal Park ville Gyrs.	BALTO-RURAL -Park will	- 0 - 1					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give style) address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?					
1	7402 PHEK DRIUS	7402 Vark DRIVE	YES NO					
	3. NAME OF DECEASED (Type or print) GEORGE WILLIAM S	SNECL'SR SPATH NOW (Day Year					
1	5. SEX 6. COLOBOR RACE 7. MARRIED WEVER MARRIED [] 8.	DATE OF BIRTH 2 1 A PRIL 19 0 5 See In years If UNDER 1 YI Jast birthday Months Date						
1	100 USIAN OCCUPATION (Give bind of west 100 KIND OF BUSINESS OF INDUSTRIES	OI ya.						
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if relired) Sov types to the state of the	Mononga West Va "	EN OF WHAT COUNTRY?					
	13. FATHER'S NAME TRONGLE SNELL	BARBARA SPINACH?	ž – i					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesglvewererdatesofservice) 214-09-8227	informant uth SNELL wife some						
1	18. CAUSE OF DEATH [Enter only one cause per live for (a), (b), and (c).]	<i>i</i> 1	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Athero sclere	ole Cardid visula	ONSET AND DEATH					
1	145 DUE TO DO							
	Conditions, if any, which \ (b) also a - Va	robable terminal	•					
	gave rise to immediate cause (e), stating the underlying	· · · · ·						
	cause lest. (c) Colonelly will	ery accelerains.						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	21 KILATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?					
1	S On EXTERNAL CALLES WAS 1 OOL DESCRIPTION	If the second se	YES NO K					
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(Enter natura of injury in Part I or Part II of item 18.)						
1		CE OF INJURY (Home, farm, 20f. (City or town) (County ory, street, office bldg., etc.)	y) (Stete)					
	p.m. 19 at work et work							
	21. I certify that I took charge of the remains described above, he	old an Autopsy . Inspection . Inquiry .	and in my opinion					
	death resulted from: Natural causes Accident . Suici	ide, Homicide, Undetermined manner						
	1 11/0	CHIEF MEDICAL EXAMINER						
	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
2	EXAMINER'S / SECHN (1.144)e	DEPUTY MEDICAL EXAMINER Address (Street, city, fown, or county)	10166					
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county)	(State)					
	Burial 11/9/66. Moreland Memori							
)	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG						
	Leonard J. Ruck Inc. Balto. Md. 21214	DATE NOV 9 1966 Police	rles Judge					

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	5	3	9	3
Ä.	U	U	4	4.3

CERTIFICATE OF DEATH

15398

PLACE OF DEATH O. COUNTY	Baltimore	MARYLAND	II CTATE	(Where deceased lived, if ryland	institution: Residen b. COUNTY	ce befare admission)
 b. CITY OR TOWN (If outside co write RURAL and give neare 	st/fown)	c. LENGTH OF STAY IN 1b	,	outside corporote limits, will timore		
d. NAME OF HOSPITAL OR INSTI	Jourson - 4		d. STREET ADDRESS		212	e. IS RESIDENCE
	seph Hospita			09 Gibbons A	1======	ON A FARM? YES NO DC
3. NAME OF	First	Middle	last	4. DATE	Month	Doy Year
DECEASED (Type ar print)	Eather	P	Snyder	OF DEATH	Nov.	22 1966
s. sex 6. color Female Whi			8. DATE OF BIRTH 6-25-94	9. AGE (In y lost birthe	doy) Manths	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of during most of working life, even if r	of work done 10b.	KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Coun	ty & Stote, or fareign country	() 12. CIT	UNTRY? USA
lomemaker		Own Home	Queensto			ODA
13. FATHER'S NAME Wal	ter G. Canno	on	14. MOTHER'S MAIDER	Emma	Lane	
IS. WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16	SOCIAL SECURITY NO. 17	. INFORMANT		Address	
(Yes No ar unknawn) (If yes give	wor ar dates of service) 2	16-10-9222A N	Irs. Ethel G	raham, 5608 1	ramore R	ld. #14
18. CAUSE OF DEATH (Enter	only one couse per line fo	ır (a), (b), ond (c).)		EPERMEN		INTERVAL BETWEEN
PART I. DEATH WAS CAU	ISED BY: DIATE CAUSE (o) Mes	senteric thron	abosis			ONSET AND DEATH
5702	DUE TO					BUTCH WHILE
Canditians, if any, which gov						
rise to immediate couse (a) stating the underlying cous						
last.	(c)					
PART II. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE C	ONDITION GIVEN IN PART	1(o)	19. WAS AUTOPSY PERFORMED?
Mitral insuf	ficiency: Co	ongestive hear	t failure.			YES NO
20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	IG ☐ 205. D F DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury i	n Part I ar Port II af item	18.)	
20c. TIME OF INJURY Manth, Hour o.m.	Whil		PLACE OF INJURY (Hame, fa octory, street, office bldg., et		iwn) (Car	unty) (Stote)
21. I certify that (I saw the deceased of) (this hospitol) attendive on Nov. 2	nded the deceased from 2 19 66, and t	Nov. 7	1966 , to No.	r. 22 , 19 Juses and an t	66 that (I) (we) lost he date stated above
220. SIGNATURE	hum M.		M.D. PHYS.	MED. STAF	22b. D.	ATE SIGNED
29% DHIVSLEHAN'S	. Cockburn,		22d. ADDRESS	rk Rd.,Balti		
	3b. DATE THEREOF 11/26/66.	23c. NAME OF CEMETERY C		23d. LOCATION (Cir. Balt	y or Town) imore, M	(County) (State)
24. FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR	2Sb. REGISTRAR'S S	
Leonard J. Ru	ck Inc. Bal	to. Md. 21214	DATE	OV 2 5 1966	Jelian	les Judge

and completely filled in by the funeral remove carban papers. Pages 1 and 2 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremotion, or removal, and in any event, within 72 hours after death. **FO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thot the death certificote be executed within 24 haurs after death. Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) . 20 M 1/66

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			month or man		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15400 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY 2, and 3 ta PM3. Page BALTIMORE Maryland MARYLAND Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give accress town)
Luther Viile c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 3 Mo. after Lutherville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS in Item 18. Give Pages 1, ir's Office alang with farm haurs Jeffers Rd. JeffersRd. 24 haurs after death. 3. NAME OF First Middle Lost 4. DATE Manth within 72 DECEASED RUSSELL SNYDER November 25, A. DEATH (Type or print) 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) White WIDOWED DIVORCED 8-28-66 event Male 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY pages 10 Towson, Md. in any to the Chief Medicat Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within William A. Snyder Patricia Crist and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) perhait. remayal "pending" William A Snyder, 1401 Jeffers Rd. VONE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY used as a burial-trans burial, crematian, ar IMMEDIATE CAUSE (a) Interstitial pneumonitis (SDII) ne certificate, writing the ward shauld be farwarded to the Ch This certificate shauld DUF TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate, its designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY - or CONTRIBUTING -**EXAMINER:** CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry the funeral directar. Suicide [death resulted fram: Natural couses X Accident . Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 5 m.
TO FUNE.
Health or it TO DEPUTY November 25, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) Nov. 26,1966 Dulaney Valley Cockevsville, Balto. Burial 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson 2So. REC'D BY REGISTRAR

Towson, Md.

DANOV 28

1968

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

Doy

12. CITIZEN OF WHAT

COUNTRY? A

IF UNDER 1 YEAR

Months 3

IS RESIDENCE ON A FARM?

19 66

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

and in my opinion

22. DATE SIGNED

(Stote)

Md.

NO

(Stote)

YES X

(County)

(County)

NO P

VR A15ME (5) 221813 And the same and

5 miles 5 mile

MARYLAND ST	TATE DEPART	MENT OF	HEALTH		
RESEARCH AND				BALTIMORE 1,	MARYLAND
CEDI	TEICATE OF	E DEATH		4 17 4	1466

DIVISION OF STATISTICAL RESEARCH AND RECORDS 15401 CERTIFICATION	E OF DEATH 1541)	IARYLAND
1. PLACE OF DEATH a. COUNTY Baltimore County b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mount Wilson Mount Wilson	2. USUAL RESIDENCE (Where deceased lived, If institution: R anstate b. COUNTY b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL Baltimore	_ /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mount Wilson State Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Woodyow Wilson	Stages 4. DATE Month OF DEATH	Day Year 10 1966
M WIDOWED DIVORCED	8-17-1713 53 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Kentucky	TIZEN OF WHAT DUNTRY?
13. FATHER'S NAME George Staggs	14. MOTHER'S MAIDEN NAME Pearl Newberry	
(Yes, no, or unkown) (If yes give war or dates of service)	cords, Mt. Wilson State Hos	pital
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	monale	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	ry Interculosis	4 years
DATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 19 20d. INJURY OCCURRED 20e. PLACE 19 20d. INJURY OCCURRED 20d. PLACE 19 20d. INJURY OCCURRED 20d. INJURY OC	CE OF INJURY (Home, farm, 20f. (City or town) (Cou ory, street, office bidg., etc.)	nty) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 10.10. 19.66, and that 22a. SIGNATURE	t death occurred at 7 cs M, from the causes and on the causes and on the causes and on the causes are considered at 2 cs M, from the causes and on the causes are considered at 2 cs M, from the causes and on the causes are considered at 2 cs M, from the causes and on the causes are causes are caused at 2 cs M, from the causes and on the causes are caused at 2 cs M, from the causes are caused at 2 cs M, from the causes are caused at 2 cs M, from the causes are caused at 2 cs M, from the causes are caused at 2 cs M, from the causes are caused at 2 cs M, from the causes are caused at 2 cs M, from the causes are caused at 2 cs M, from the 2 cs M, from the caused at 2 cs M, from the 2 cs M, from the 2 cs M, from the 2 cs M, from the 2 cs M, from the 2 cs M, from the 2 cs M, from the 2 cs M, from the 2 cs M, from the 2 cs M, f	6, that (I) (we) last he date stated above. ATE SIGNED
Wm.Newcomer, M.D., Superintendent	22d. ADDRESS	. 11-66.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BEMOVAL (Specify) // 1/4/66 WARING	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
24. FUNERAL DIRECTOR ADDRESS JOHN F. DENNYMIC. 715 LIGHT ST	NO I 4 1966 Clarles	SSIGNATURE
BALTIMORE, MI	0.	U U

VR AI5 (4) 20M 1/65

10461 Enthimere County retignal state most in amon Stratucky Indicated admid nonliketik, bridgeric Christian we Newtoner, M.O., Superintendent . Nount Wilson, Mary Lond

16

TO HOSPITAL RECEIPEDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and complete alled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plages femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

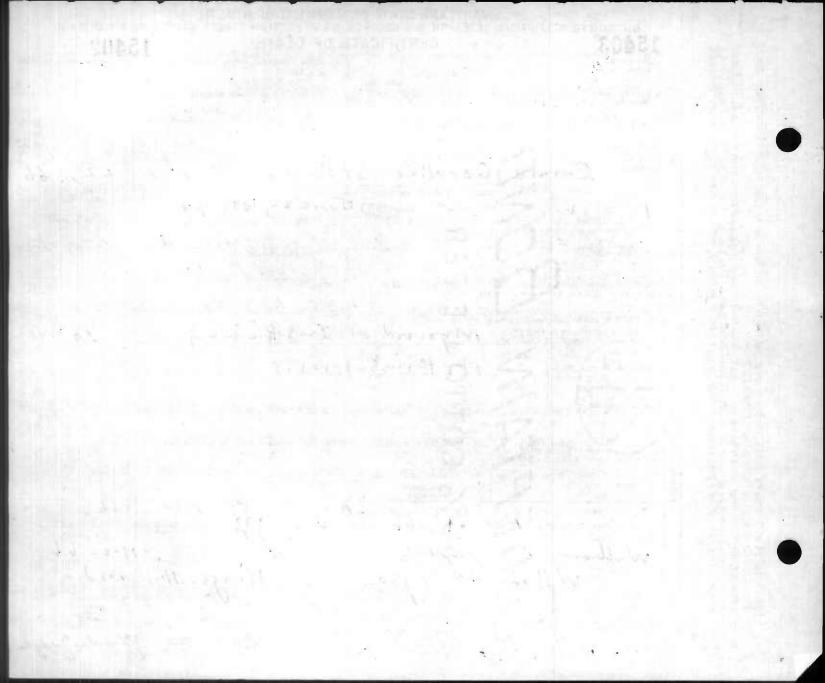
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15402
CERTIFICATE OF DEATH
15401

-								-	7
	CE OF DEATH	Do 1 + 1 man			2. USUAL RESI		deceased lived, If b. COUN		idence before edmission)
h. CI		Baltimor		maryLand c. LENGTH OF STAY IN 1b			orporete limits, write	DIIDAL and a	ive nearest town)
,	write RURAL and g		1114,	and the second second second					0/
	lowson			l week		imore 2	1518	-	30.4
d. N	AME OF HOSPITA	L OR INSTITUTION	(if not in ho	spitel, give street eddress)	d. STREET ADD	DRESS			a. IS RESIDENCE ON A FARM?
	17 Ski	dmore Co	urt		1638	East 3	2nd Str	eet	YES NO K
3. NAI	ME OF CEASED	Firs	f	Middle	Last	4. DATE	Month		Dey Yaar
		Harry		Lee St	arr	DEAT	H Novem	ber 2	29 19 66
5. SEX			7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yeers		
ME	ale	White	WIDOW		Sept. 16,:	1900	last birthday)	Months De	ys Hours Min.
10a. US	SUAL OCCUPATIO	N (Give kind of wor	rk 10b. 1	CIND OF BUSINESS OR INDUST				12. CITIZE	N OF WHAT COUNTRY
		ing life, even if retir		etired	Pol +11	more, Ma	nuland	TTC	SA
	THER'S NAME	phor a 0	J IN	OTICA	14. MOTHER'S MA		Tytand	Uk	OR .
			Con				001175		
		ee Starr		SOCIAL SECURITY NO. 17.	INFORMANT	Desverr	Address		
(Yes, no	o, or unkown) (Ify	esgive were rdetes of	service)						
no					rs Ruth	D. Star	r 1638	East 3	32nd St.
18.			e couse per	line for (a), (b), end (c).]	2	1 .			ONSET AND DEATH
	PART J. DEATH	WAS CAUSED BY:	,	obonaka	()ec	105161	h		
	420.	DUE TO						113	
Cor	nditions, if eny,	which) (b	1	U					
gev	ve rise to immedie	e cause			-				
	, stating the uni	darlying							
		SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	/EN IN PART 1/	ell 19. WAS AUTOPSY
CERTIFICATION ON								PERFORMED?	
20a	. ACCIDENT WA	S UNDERLYING []	20b. DE:	SCRIBE HOW INJURY OCCURE	D. (Enter nature of inju	ury in Pert I or Per	t II of item 18.)		1 110 [] 110 42
	CONTRIBUTING [CAUSE OF DEATH					70 SE		
WEDICAL 200	. TIME OF INJUR	Y Month, Day, Ye			ACE OF INJURY (Hometory, street, office bldg		City or town)	(County	r) (Steta)
E E	Hour a.m.	19	While at wo	C THOI WILLIAM		3.7			
21			il) atter	nded the deceased from	00	19 (0 (0)	· NOU	19 10/4	(that (I) (we) las
- 1			A. (1)	1.		117-1			
	SIGNATURE	d alive on	N. C.	19 and tha	death occurred	av.I .Awi, ire	on the causes	and on the	22b. DATE
228	SIGNATURE !	-/-		5/1	ATTENDING	MED.	STAFF	2.0	SIGNED
22-	PHYSICIAN'S	-17	1	asting	M.D. PHYS. 22d. ADDRESS		PHYS.	12	5/1/00
220	NAME (Type)	Willia	m H.	Fusting	1		aven Bl	vd.	
		N, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LC	CATION (City, to	wn or county)	(State)
REM	Bur Iri	12/3/6	6	Lorraine H	erk Ceme	tery	Woodlaw	n Mar	yland
24 FUN	IERAL DIRECTOR'S	SIGNATURE		ADDRESS			ISTRAR 25b. RE	GISTRAR'S SIG	SNATURE
I	HENRY S	ANDER &	SONS	INC. BALTIM	ORE MD	TE DEC 7	1966	Milan	les Judge
					TDA	The second	79,00	4	0

sale aradmitting CO E. S. Josh all bearing and the late HEROES LOB RULEY STATE TO BE STORED de Buch de Mart 1690 Mar 2200 Ch 19 16 16 10 10 HEALTY STREET & SOME INC. OUT WITHOUT TO LESS THE PROPERTY OF MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	ON OF STAT	ISTICAL RES	EARCH AND RE		OF DEATH		, BALTIMOR	RE 1, MARY	/LAND
) =	. PLACE OF DEA	TH		CERTIF	TUATE	2. USUAL RESIDEN		ased lived, If inst	154112 itution: Residen	ce before admission)
	a. COUNTY	10		MAN	RYLAND	a. STATE	nnin	b. COUNT		n De
	b. CITY OR TO	WN (If outside o	orporate limits,	c. LENGTH OF ST		c. CITY OR TOWN (I	f outside corpo		te RURAL and g	
	Write RURA	L and give near	est town)	6,50		Barr	unn)	Mapa	11 BNIL	03-1
	d. NAME OF H	OSPITAL OR INST	ITUTION (if not in	hospital, give street	address)	d. STREET ADDRESS	0000			e. IS RESIDENCE ON A FARM?
0	SWEETH	710+194	TRECON	Papas		SWEET AUG	PATTE	KSOW 1	Porges.	YES ND
3	NAME OF DECEASED (Type or print)	Emn	First C	evoline	5+	-erner	4. DATE OF DEATH	Month	, Z Z	y Year
5	. SEX	6. COLOR OR	RACE 7. MARRIE	D NEVER MARRI	ED 8.	DATE OF BIRTH	9.	AGE (In years I	FUNDER 1 YEA	R IF UNDER 24 HRS
	F	W	WIDOWE			Tune 22,	1887 -	7 9 yrs.	Months Days	Hours Min.
1	Oa. USUAL OCCUPA	ATION (Give kind o	of work done 10b.	KINO OF BUSINESS (OR	11. BIRTHPLACE (C	County & State, o		12. CITIZEI	N DF WHAT
	11		To the Cay			BALTI	MORE.	Md.	Va	S.A.
1	3. FATHER'S NA	ME		41.00		14. MOTHER'S MAI	DEN NAME			
	JOHN	U STAR	KLAUF			SOPHIA	1/108	LUAR		
	15. WAS DECEASE! Yes, no, or unkown)			6. SOCIAL SECURITY	NO. 17.	NFORMANT	,	Address	5	DALDEGIN
	No			NONE	FA	11 1. 11	EGSCH	SWEET,	FIRT PAI	TERSON NU
				r line for (a), (b), and	(c).1	T , 10	- ,			ERVAL BETWEEN
	PART I. I	DEATH WAS CAUS	CAUSE (a)	rigocoro	151	thosak	د دوس د	7		0 41-
	422	2./	DUE TO	1 10	. 1			(- 81	
	Conditions, If		(b)	th Levis	501	erosis				
	cause (a),	stating the	DUE TO			2"				
2	underlying car	-	(c) NDITIDNS CDNTRI	BUTING TO DEATH BUT	TNDT RELAT	FD TO THE TERMINAL	DISEASE COND	ITIDN GIVEN IN P	ART 1(a) 19	. WAS AUTDPSY
			37		, MOTREDII					PERFORMED?
CEPTIFICATION	20a. ACCIOEN	T WAS UNDERLY	ING 20b.	DESCRIBE HOW INJ	URY OCCUR	RED. (Enter nature o	f Injury In Par	t I or Part II of		123 [] NO []
2 2 2	DR CONTRIBU	TING CAUSE DTIFY MEDICAL	OF OEATH EXAMINER)							
		INJURY Month		INJURY OCCURRED	2De. PLAC	E DF INJURY (Home, f	arm, 2Df. (C	Ity or town)	(County)	(State)
MEDICAL	Hour a	.m.	19 Whi		factor	y, street, office bldg.,	etc.)			
1				ided the deceased	from #	461 1	9.5.5. to	NOV.	1966	that (I) (we) last
		eceased alive		21 1966.	and that	death occurred at		n the causes a		
	22a. SIGNAT	URE	. /						22b. DATE S	
	Wil	liam	a. /	you	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	11-22	-66
1	22c. PHYSIC NAME (liam A	1 175	029	22d. ADDRESS	Kings	ville	MZ	
2	3a. BURIAL, CRE REMOVAL (S		DATE THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d LOC	ATION (CIty, to	wn or county)	(State)
^ -	130811	2C 1100	1.25,196	6 DAKLA	UN	CEMETERS	BA	170.	Me	7.
1	24. FUNERAL DIF	RECTOR		12/7 ADDRESS	aul S	25a. RE	C'D BY REGIST		GISTRAR'S SIG	NATURE
).	Wm. Coc	K-DRO	OKS INC.	BALTO.	Mo.	DATE	NUV 28	1966	Mari	es Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15404

CERTIFICATE OF DEATH

15403

TOZO.		CERTIFICATE	OI DEAIII		10300
PLACE OF DEATH O. COUNTY	BALTIMORE	MARYLAND		Where deceosed lived, if instituti b. COUN	
	If outside corporate limits, d give neorest tawn)	c. LENGTH OF STAY IN 16 36 DAYS	c. CITY OR TOWN (If o	utside corparate limits, write RUR	(AL and give nearest town)
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in he		d. STREET ADDRESS 1724 E.	LAFAYETTE AVEN	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First ARRY	Middle	Lost STEWART	4. DATE Month OF DEATH NOVEM	
S. SEX MALE		ARRIED NEVER MARRIED E DOWED DIVORCED X	2/15/12	9. AGE (In yeors 54 birthdoy) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Haurs Min.
100. USUAL OCCUPATION during most of working	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		& Stote, or foreign country) SOUTH CAROLINA	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	STEWART			MC NEILL	
	R IN U.S. ARMED FORCES? (If yes give war ar dates af servi	(e)	IN. RECORDS,	Addre VA HOSPITAL,	
	e couse (o),	BRONCHOPNEUMONIA SYRINGOMYELIA DECUBITUS ULCERS			RECENTATH UNKNOWN RECENT
PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES 1 NO
(IE FITHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 1B.)	
Hour a.r	n. 19	While of work of work foctor	E OF INJURY (Hame, forr ory, street, affice bldg., etc.)	(County) (Stote)
21. I certi saw the d	fy that (f) (this haspita) eceased alive an_11/	attended the deceased fram	t death accurred at	19, ta11/26/6 1 7:00A M, fram causes (and an the date stated above
22a. SIGNATURE	Dohard	M.C	11113.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 11/29/66
22c. PHYSICIAN'S NAME (Type		BARA, M. D.	VAH FORT	HOWARD, MARYI	AND
23a. BURIAL, CREMATIC REMOVAL (Specify		23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Tov	, , , , , , , , , , , , , , , , , , , ,
24. FUNERAL DIRECTO		JOSEPH KNICH	T FUNERAL B	D BY REGISTRAR 2Sb. REG	GISTRAR'S SIGNATURE Clearly Judge
AMPINI	711111	1639 N. Broa	dway, Balti	more Md. 2121	34 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please effice arbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death Poge 4 moy be retained by the haspitol ar ottending physician.

VR A15 (4) 20 M 1/66 CHAISHAR

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20/12 LE 12 10/21/01 10/21/01 10/21/01 10/21/01

JOHN A. WHARA, M. D. VAN YORE HOTHER, CALIFFED

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeval director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removar and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	15405	CERTIFICAT	E OF DEATH	15404	
1.	PLACE OF DEATH a. COUNTY	Baltimere County & MARYLAND	2. USUAL RESIDENCE (Where decea a. STATE metyland	b. COUNTY - Belly City	e admission)
	write RURAL a	(if outside corporate limits, nd give nearest town)	beer do	rate limits, write RURAL end give ne	arest town)
	Baltin	PITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	dane 30	RESIDENCE
	d. NAME OF HOSP	Follows have have address,	Baltimore	ON YES	A FARM?
3.	NAME OF	First Middle	A Last 4. DATE	Month Day	Year
	(Type or print)	Rose	Stollera DEATH		19 6
5.	SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BURTH 9.	AGE (In years IFUNDER 1 YEAR IFUN ast birthday) Months Days Hot	
	Jemale	White WIDOWED DIVORCED	MONOMONOMONOMONOMON 851	GOO yrs.	11.
10a dur	.USUALOCCUPATION Ing most of working	DN (Give kind of work done g life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTUPLACE (County & State, o	COUNTRY?	HAT
12	Housewe		Mussia	USA	
13.	FATHER'S NAME	KARCHEM	14. MOTHER'S MAIDEN NAME		
15	. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	s, no, or unkown) (If yes give war or dates of service) 230 110 72 8/	Un Took Otalhana	27 Brightside Aug	
		EATH [Enter only one cause per line for (a), (b), and (c).]	MR. Jack Stofberg	INTERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	runs Carcinom	ONSET A	ND DEATH
	1992	DUE TO			11.13
	Conditions, If an				
	gave rise to I cause (a), sta	mmediate (
	underlying cause	ting the (
CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a) 19. WAS PER YES	S AUTOPSY FORMED? NO
	20a. ACCIDENT WOR CONTRIBUTING	/AS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCC GOOD CAUSE OF DEATH FY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Par	l or Pert II of Item 18.)	
MEDICAL	20c. TIME OF IN	fact	ACE OF INJURY (Home, farm, 20f. (Cory, street, office bldg., etc.)	Ity or town) (County)	(Stete)
MEC	p.m.	Attitle Later talling			
		that (I) (this hespital) attended the deceased from eased alive on 11 ~ 3 1944, and that	t death occurred at G.M., from	the causes and on the date sta	
	22a. SIGNATURE		t death occurred at the string, nor	22b. DATE SIGNED	
		eaudle dists M.		STAFF PHYS. 11/10/6	6
	22c. PHYSICIAN NAME (Typ		22d. ADDRESS 7111 lark He	ights Ave.	
238	BURIAL, CREMA	TION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOC	ATION (City, town or county)	(State)
24	Burial DIRECT	11/11/66 Lubawitz Nus	i Ari Bo	rar 25h Degistrar's signatur	₹F
9		on & Bros. Inc., 6010 Reisters	I WIIV I /I TUL	6 garles Judg	2
12	A-C PCA-CLAC		I DAIL	U U	

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M	2010	15406			CERTIFI	CATE	OF DEATH			13	541)	5	
1	1. [PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceosed I	ived, if institu b. COU		te before	odmissio	n)
			BALTIMORE		MARYL	LAND	MARY	LAND	0. 000	BAL	TIMO!	RE	
	t	. CITY OR TOWN (f outside corporate limits give nearest town)	,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If at	itside corparate li	mits, write RU	RAL and give	nearest	lawn)	3 / 3 /
	F	ORT HOWAL			43 DAYS		BALTIMORE			0	13.1		
			AL OR INSTITUTION (If no	t in hospitol, g			d. STREET ADDRESS				е.	IS RESID ON A FA	ENCE
27	V	ETTER ANG	ADMINISTRAT	TON HOS	SPTTAT.		108 LOCUS	T DRIVE			YE	S	NO X
		NAME OF	Fi		Middle		Lost	4. DATE	Mon	th	Doy	Yea	
	- 1	Type or print)	CEC	RGE	PANCRATT	IIS	STORMER	OF DEATH	NOVE	(BER	5	19	66
	5. 3		6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	9. AC	E (In years	IF UNDER I		FUNDER	
	3.0	ATT	WHITEE	WIDOWED	DIVORCED	H	4 21 95	773	st birthdoy) yrs.	Months	Days	Hours	Min.
		ALE USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State or foreign		1 12. CIT	IZEN OF V	VHAT	
117	duri	ng most of working	life, even if retired)	INC	USTRY PROPERTY	otar	CBALTIMORE	2687777	150775	COL	UNTRY?		
31		FATHER'S NAME	INSTALLER	WCE	OCT II TATE	.001	14. MOTHER'S MAIDEN	NAME NAME	AND	1 0	.S.A		
						776							
	W	TLLIAM S	TORMER	11/ 6	OCIAL SECURITY NO.	17 18	THERESA E	ICKMILLI	Addr		_	_	
	(Ye	s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	f service)									
	Y	ES	WW-1	157	7 09 9815	CI	IN. REC.	VAH, FT.	HOWAI	RD, MA	RYLA	-	
24		18. CAUSE OF DI	EATH (Enter only one cou TH WAS CAUSED BY:								INTER	VAL BETV	VEEN FATH
1		I/I/	IMMEDIATE CAUSE	(o) CERI	EBRAL THRO	MBOS]	is, left				4 M	HIT'NO	S
10		443 X	DUE										
36		Conditions, if ony		(b) HYPI	ERTENSIVE	ARTE	RIOSCLEROTI	C CARDIO	DVASCUI	LAR	YEA	2	
П		stoting the unde		to Dist	EASE						Test		
		lost.)	(c)									
	z	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NOT RELA	ATED TO TH	HE TERMINAL DISEASE COI	NDITION GIVEN IN	PART 1(o)		19. V	AS AUTO	PSY D?
0	ATIO										YES		NO A
	CERTIFICATION	20o. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	Enter noture of injury in	Port I or Port II	of item 18.)				
10		(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor				OF INJURY (Home, form		ty or town)	(Cou	inty)	(5	stote)
	ME	Hour o.r	10	While of work	Not While of work	tocto	ry, street, office bldg., etc.						
		21. I certi	fy that (4) (this has	pitol) ottend	led the deceosed f	from S	ept. 23 .1	19_66, to_	Nov.	5 . 196	o, tho	t 44 (v	ve) lo
		sow the d	eceosed olive on	Nov. 5.	19 <u>66</u> , o	nd thot	deoth occurred at	30 a.M. f	om couses	ond on th	ne dote	stoted	obov
		220. SIGNATURE	2	2							ATE SIGNED		
6		-16	Just I	Man	Janes es 1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	111 5	66		
7		22c. PHYSICIAN'S		1	1		22d. ADDRESS						
		NAME (Type)				VAH, Ft.	Howard,	Md.		HILL		
	23 o	BURIAL, CREMATIC	ON, 23b. DATE THE	REOF	23c. NAME OF CEMET	TERY OR C	REMATORY		ON (City or To		(County)	(St	ote)
0	1	REMOVAL (Specify	Nov.		Woodla	1,777		Wo	odlaw	n Ba	lto	Mo	d.
		FUNERAL DIRECTO	21016		JOAPPREST.	Stan	sbury 250. REC'I	D BY REGISTRAR	2Sb. R	EGISTRAR'S SI			
)							Mill POOTE N	NV o	1966	Milia	reg	Jud	ge.
					Baltimor			9	1000	-	6		
					Annual State of Horizontal Physics	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						- 4	

for HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS. 301 W. PRESTON STREET. STREET, BALTIMORE 1, MARYLAND

DITIOION OF	OTATIONIONE RECEARON AND RECORDO, OUT II. I RECTOR
5407	CERTIFICATE OF DEATH

John A. Moran, Inc. 3000 E. Balto. St. Balto.

		,		V — 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
1.	PLACE DF DEATH	1			2. USUAL RESIDEN	CE (Where dec			Resi dence	before ac	Imission)
	d. 000M11	Raltimore		MARYLAND	Marulano	1	b. cour	ATY .	-		./
	b. CITY OR TOW	N (if outside corpora	ate Ilmits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		orate limits, w	Ite RURA	L and glv	e neares	t town)
		and give nearest to	WII)		Ra 1+:-	one			2	7-4	
			ON (if not in hos	spital, give street address	d. STREET ADDRESS	one			6	IS RES	
	Anmaco	t Nursing	Home		16 No Lak	ewood.	Avenue		Y	ON A I	NO V
3.	NAME DF	F	Irst	Middle	Last	4. DATE	Mont	h	Day	Yea	
	(Type or print)	Andre	210	John	Stuehler	DEATH	Novemb	er	5	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	IFUNDE		IF UNDER	24 HRS.
M	ale	White	WIDOWED	DIVORCED	Tulu 7. 188	7	85 yrs.	Months	Days	Hours	Min.
10a duri	USUAL OCCUPAT	ION (Give kind of working life, even if retire	kdone 10b. Kif	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C		or foreign country		OUNTRY		
Fi	reman(re										
13.	FATHER'S NAM	E			14. MOTHER'S MAI	DEN NAME					
	Martin.	Stuehler			Sophia	Lech	rer				
	WAS DECEASED I			OCIAL SECURITY NO. 17	INFORMANT		Addre	SS			
(16.	no	(11 yes give was of dates	21	7-267-955	Jeorge Stue	hlen 16	N. Jak	wood	1 Ave	o. Br	Ito.
1		DEATH [Enter only or	ne cause per lig	re for (a), (b), and (c).]	/		4		INTE	RVAL BE	
	PART I. DE	ATH WAS CAUSED BY	Y: (2)	Ove has	1 \$10 cm	and	age] Whs	ET AND	PEATH
	447 V		, _	1	- 1	5)	0 0	0	1	wer.	,
	Conditions, If		(b)	doller	conil 1	as do	- then	· el	+2	+ 7	25
	gave rise to	P111	E TO	Theren	/	THE STATE OF	5			1	
	cause (a), st underlying caus	rating the	(c)	/	loscua	lac.	Wigos	120	_		
8	PART II. OTHER S	IGNIFICANT CONDITI		TING TO DEATH BUT NOT RE	ATED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a	19.	WAS AL	
CERTIFICATION									YE	PERFOR	NO L
TE	20a. ACCIDENT	WAS UNDERLYING] 20b. DI	ESCRIBE HOW INJURY OC	URRED. (Enter nature o	of Injury In Pe	rt I or Part II	of Item 1	3.)		(-)
	OR CONTRIBUTI	NG CAUSE OF DE	INER)								
MEDICAL		INJURY Month, Day,	Year 20d. IN		ACE OF INJURY (Home, fory, street, office bldg.,		(City or town)	(Co	unty)	(3	State)
NED NED	Hour a.n		While at work	Not While at work	r /		/				
			spital) attended	d the deceased from	6/15	1966. to	1113	196	6. th	at (1) (s	ve) last
		zeased alive on	16%		at death occurred at	M, fro	om the causes	and on	the date	e stated	above.
	22a. SIGNATIVE	(E//)-		2	2		074-5	22b.	DATE SIG	ENED	
	M	calles	+Ch	Quy Olk	D. PHYS.	DIRECTOR [STAFF PHYS.				
	22c. PHYSICIA NAME (T)	(no)			22d. ADDRESS						
		Charles	F.O&D	onnell, M.D	•						
23a	. BURIAL, CREW REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	0	CATION (City, t	own or co	ounty)	(S1	tate)
	Buria	11/8/	66	Holy Redear	(emete	d	altimore		Md	4	
24.	FUNERAL DIRE	CTOR		ADDRESS	25a. RI	EC'D BY REGIS	STRAR 25b. R	EGISTRAI	R'S SIGN	ATURE	

1956

VR A15 (4) 15M 4-64

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

delay is

This certificate should be executed within 24 haurs after death.

In any event within 72 haurs after death. gages I and 2 with the State Department a

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar, Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health ar its designated agent, priar ta burial, crematian, ar remaval,

necessary, please execute the certificate, writing the ward

O DEPUTY ME

15408 M	EDICAL EXAMINER'S	CERTIFICATE OF DE	:ATH	15407
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where d		
o. COUNTY Baltimore	MARYLAND	o. STATE Marylan	nd. b. COUNTY	Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ESSOX (21)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside co		ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	itol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1601 "H" Doolittle Ros	ad	1601 "H" Do	polittle Rd.	YES NO
3. NAME OF DECEASED (Type or print) HILBERT W. S	Middle STUMPF, SR.	Lost 4. DA		Day Year 25. 19 66
5. SEX 6. COLOR OR RACE 7. MARK	THE THE THE THE THE THE THE THE THE THE	et. 2, 1891	Last birthdoy) M	UNDER I YEAR IF UNDER 24 HRS. Ionths Doys Hours Min.
TRALE	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or forei	on country)	12. CITIZEN OF WHAT
during most of working life even if retired)	Wall Paper Co.	Baltimore, M	" "	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Charles Stumpf		Margaret	Ritger	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes give wor or dotes of service)		nformant len Stumpf S	Address	
IB CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:	214 20 1999 He	Ten ordinati	2110	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Coronay	Deelys	1	ONSET AND DEATH
IMMEDIATE CAUSE (o)	0001	7 160		
Conditions, if ony, which gove) (b)	H-J-C-V	- NOCAS	-	
rise to immediate cause (a), DUE TO				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(u)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY 🗀 or CONTRIBUTING 🗆 CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Hour o.m.	b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I o	r Port II of item 1B.))
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		E OF INJURY (Home, form, ary, street, office bldg., etc.)	Of. (City or town)	(County) (Stote)
21. I certify that I taak charge af the	remains described abave, he	ld an Autapsy 🗍 , Insp	ectian , Inquiry	and in my apinia
death resulted fram: Natural cause	1	de , Hamicide	Undetermined mann	
mys		CHIEF MEDICAL EXAMIN	IER .	
ACTUAL SIGNATURE	un h	M.D. ASSISTANT MEDICAL EXA	AMINER	22. DATE SIGNED
EXAMINER'S		DEPUTY MEDICAL EXAM		101/11/1
NAME (Type) M. B. Davis 6800	Mornington Rd. I	Dunda Address Street, was to	own, or county)	1000
230. BURIAL (REMATION, BURIAL (Specify) 23b. DATE THEREOF	Gardens of Fai		Baltimore, N	
24. JUNERAL DIRECTOR	ADDRESS	2So. REC'D BY RE		Charles Judge
James E. Bruzdzinski 140	7 Eastern Ave. B.	alto. Plate NOV	29 1966 4	marcis Judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15409 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Baltimore b. COUNTY Baltimore o. STATE Maryland 2, and 3 to PM3. Poge deoth. Department of MARYLAND delay b. CITY OR TOWN (If autside corparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) ofter 3 years Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours along with form 7587 Ives Lane 7587 Ives Lane Resea 21222 YES NO Item 18. Give Pages ate This certificate should be executed within 24 hours after death. 3 NAME OF Middle 4. DATE Manth Str 72 Last Doy DECEASED the Catherine Mag 8- 1966 Tare November (Type or print) DEATH within I IF UNDER 24 HRS IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED TO NEVER MARRIED 53 (in years Manths Female: White Feb. 11- 1913 WIDOWED DIVORCED Office 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if refired)
Housewife COUNTRY? INDUSTRY Ohio rd "pending" in pencil in Chief Medicol Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andy Adams Mary Slifka File puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED LONGES!
(Yes, na, ar unknown) ((If yes give war ar dates of service) 2777—144—9758 removal Husband, Mr. Steve Tare, #2,a,b,c,d. No 18. CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c). INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (a) e, writing the word forwarded to the Ch crematian, DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause last. buriol PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NOX 0 should be 20a. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY CONTRIBUTING EXAMINER: CAUSE OF DEATH. its designoted agent, 20c. TIME OF INJURY Manth, Day, Year 20d_INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (State) (City or town) (County) Haur a.m. factory, street, affice blda., etc.) Nat While FUNERAL DIRECTOR: Poge at wark at wark 21. I certify that I took charge of the remains described obove, held an Autopsy Inspection Inquiry Inquiry ond in my opinion the funerol director. Natural causes Accident . death resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 17-9-1966 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE

EXAMINER'S NAME (Type) 23o. BURIAL CREMATION.

Melvin B. Davis. 23b. DATE THEREOF

M.D. 23c. NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER 6800 Momington Road. Dundalk. Md. 2122

REMEMA (PROP)

Nov. 12-1966

Calvary Cemetery

23d. LOCATION (City or Town) Youngstown. Ohio (Caunty) (State)

24. FUNERAL DIRECTOR

ADDRESS JOHN J. DUDA, Dundalk, Maryland 21222

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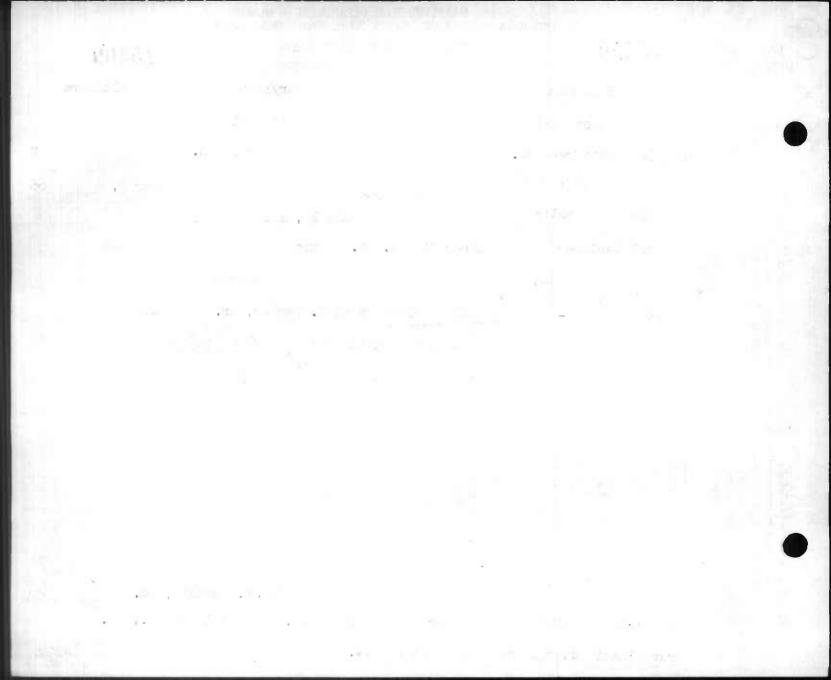
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TO DEPUTY MESTCAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is The necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, priar to burial, crematian, or removal, and in any event within 72 haurs after death.

VR A15ME (5) 6M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15410 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 154119
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town)
write RURAL and give nearest tawn) Essex (21)	Essex (21) 03./
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
309 Sassafrass Rd.	309 Sassafrass Rd.
3. NAME OF DECEASED (Type or print) Waller Tay	Last 4. DATE Month Day Year OF DEATH November 9, 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	July 19, 1883 lost birthday) Manths Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Tool Designer Aircraft Mfg. Co	ohio USATRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
	INFORMANT Address
(Yes, na, ar unknawn) (If yes give war ar dates af service) 212 07 7147A Ja	ames S. Gerber, Sr. Same
Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	beatle Heart Discose
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUT). (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth Day, Year Haur am. 19 20d WIURY OCCURRED You for wark at wark at wark	LACE OF INJURY (Hame, form, actory, street, office blog, etc.) 20f. (City ar town) (Caunty) (State)
21. I certify that I took charge of the remains described above, I	neld on Autopsy , Inspection , Inquiry , and in my opinion
deoth resulted from: Natural gaus s Accident , Su	icide, Homicide, Undetermined monner
ACTUAL SIGNATURE 1000 C allers	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S PAGE (PS	DEPUTY MEDICAL EXAMINER (2) 119/09/09
230. BURIAL, (REMATION, REMOVAL (Specify) 11/12/66 23c. NAME OF CEMETERY OF COMMENTS OF CEMETERY OF CE	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Brigdeinski Funenal Home 1407 Eastern Ave	e. NUV 14 1966 Icharles Judge



1			Division of STATISTICAL		ND STATE DEI			IMORE, MARY	LAND 21201	
<u> </u>		15411			ERTIFICATE	OF DEAT	Н		1541	()
er death.		1. PLACE OF DEATH o. COUNTY BE	altimore		MARYLAND	o. STATE	KE (Where deced	sed lived, if institu b. COL		refore odmission)
Turs after	by the Paganra	b. CITY OR TOWN (write RURAL on	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21234							
Med in 24 h	d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in hos	pitol, give street od	dress)	d. STREET ADDRES	E. Jopp	a Rd.		e IS RESIDENCE ON A FARM? YES NO	
d within	witl rbar r, wi	3. NAME OF DECEASED (Type or print)	First Herbert	G.	∧iddle •	Lost TEAL Jr.	4. DATE OF DEATH	Novembe	r 13	Doy Year 19 66
executed	my evel	5. SEX male	6. COLOR OR RACE 7. MAI white WID		MARRIED B	Sept. 8,	-/	92AGE (In yeors Just birthdoy) 500 yrs.	Months Do	
ne death certificate t attending physician permit. Then please ian, ar removal, and	olease re	during most of working	N (Give kind of work done life, even if retired) MASON	10b. KIND OF BUSIN INDUSTRY	ESS OR Brick	11. BIRTHPLACE (C Balti 14. MOTHER'S MA	more	oreign country)	12. CITIZEI COUNT	N OF WHAT RY? U.S.A.
	1S. WAS DECEASED EVI	Herbert G.	16. SOCIAL SECUR		NFORMANT		ssie Sha Add		21234	
	Yes 18. CAUSE OF D	(If yes give wor or dotes of service W W 7.7 EATH (Enter only one couse per I	216-01-		r Monroe	Teal 95	R1 12th	Street !	Ralto Md INTERVAL BETWEEN	
res that I	ned by tne al-transit al, cremat	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Cerebra	o- vascul	ar Hemori	hage			ONSET AND DEATH

rise to immediate couse (o), stoting the underlying couse lost.

DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

20d. INJURY OCCURRED

While

20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.

Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram November 11, 1966, ta November, 1966, that (I) (we) last saw the deceased alive an November 1319 66, and that death accurred at 12: 34 from causes and an the date stated above. 22o. SIGNATURE

ATTENDING PHYS. M.D. 22d. ADDRESS

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, form,

foctory, street, office bldg., etc.)

MED. DIRECTOR STAFF PHYS.

20f.

(City or town)

22b. DATE SIGNED

(County)

21204

230. BURIAL, CREMATION, REMOVAL (Specify)

22c. PHYSICIAN'S NAME (Type)

CERTIFICATION

MEDICAL

23b. DATE THEREOF

Nelsm S. de la

23c. NAME OF CEMETERY OR CREMATORY Joreland Park Cemeterv 23d. LOCATION (City or Town)

(County) (Stote)

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

YES

, 1966, that (I) (we) last

24. FUNERAL DIRECTOR

Paz M.D.

2So. REC'D BY REGISTRAR

7620 York Rd. Towson

2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been sign director, page 3 shauld be detached for use as the buri shauld be filed with the State Dept. af Health priar ta buri **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requi VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1541	12		CERTII	FICATE	OF	DEATH			154	11		
1.	PLACE OF DEATH o. COUNTY Bal	timore		MAR	YLAND	2. USU o. ST			ceosed lived, if institu b. COU	tion: Resider	nce befor	e odmission)	
	CITY OR TOWN (If outside cornorate limit	S,	c. LENGTH OF STAY	IN 1b	c. CITY (orote limits, write RL	IRAL ond giv	nd give neorest town)		
	write RURAL on	give negrest town)		10yr8mth	Sara		Baltim	ore			12	/	
		AL OR INSTITUTION (If n	at in hospital		Juys	0,75					e. IS RESIDENCE		
		Prove State				0					ON A FARM? YES NO		
	NAME OF	F	rst	Middle		1	ost	4. DAT	E Mor	ıth	Doy	Year	
	DECEASED (Type or print)		MAX			THO	MA	DEA	TH N	ov.	4	19 66	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D X B	. DATE O	F BIRTH		9. AGE (In years	IF UNDER		IF UNDER 24 HRS	
	Male	White	WIDOWED	DIVORCE	D 🔲	10-	7-1901		last birthdoy)	Months	Doys	Hours Min.	
10 du	0. USUAL OCCUPATION (Give kind of work done luling most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Painting						HPLACE (County ermany	& Stote, o	r foreign country)	CC	TIZEN OF DUNTRY?		
	FATHER'S NAME						HER'S MAIDEN N	AME			- 812		
	Joseph !	Thoma			911	м	a tilda	Kal	homon				
15	WAS DESCRISED BY	D IN IL C ADMED FOR SECO	1 16	SOCIAL SECURITY NO.	17. 11	NFORMAN		1797	Addi	ress			
(Ye	s, no, or unknown)	(If yes give wor or dates	of service)	218-03-96		cord		TNIC		TATE	nos	PITAL	
H					od na	coru	or ora	TIAG	GIWVE 3	IMIL			
	PART 1. DEA	EATH (Enter only one co TH WAS CAUSED BY:										ERVAL BETWEEN	
	11-	IMMEDIATE CAUSE		cardial In	Iarct	lon					-		
	420	DUE											
	Conditions, if ony		(b) Art	eriosclero	tic H	eart	Deseas	e			Un	known	
	stoting the unde		TO										
	last.		(c) G	eneralized	Arte	rios	clerosi	8					
ATION	PART II. OTHER S	GNIFICANT CONDITIONS							GIVEN IN PART 1(0)			WAS AUTOPSY PERFORMED?	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. D	ESCRIBE HOW INJURY O	OCCURRED. (Enter not	ire of injury in I	Port I or I	Port II of item 1B.)				
MEDICAL	20c. TIME OF INJ Hour o.	10	20d. While of wo				RY (Home, form office bldg., etc.)		f. (City or town)	(Co	ounty)	(State)	
		fy that (I) (this ha	spital) atter	nded the deceased	fram and that	death	28-56 , 1 accurred at	9	, ta <u> </u>	and an 1	56 , th	hat (F) (we) la te stated abav	
	220. SIGNATURE	Millian	1	Musn	Allo	. PHYS	IDING	MED. DIRECTOR		11.	DATE SIGN	6	
	22c. PHYSICTAN'S NAME (Type	Ant	dony 8	Young, M	.D.	22d.	ADDRESS SP		GROVE S'	TATE yland	HOS 212	PITAL 28	
230	BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE TH		23c. NAME OF CEN					LOCATION (City of To		(County		
2/		ND .	1966	Woodlar			1 250. REC'E	BY REGI	timore	EGISTRAR'S	COMATHE	Die	
S	TENERAL DIRECTO	FUNERAL	ESTA	TE 736 I	Edmor	ndso	n DATE NO	D VC	19\$6	Tilla	res	Judge	
	catonsu	ille Md.			40.		DAIL .	J		U		4	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. dend **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages for and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after dear Page 4 may be retained by the haspital ar attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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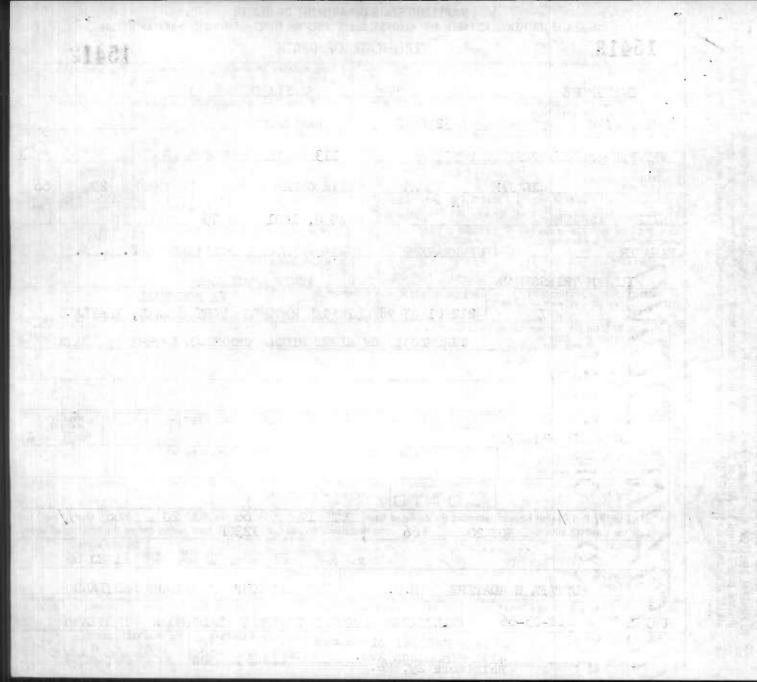
CERTIFICATE OF DEATH

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1. PLACE o. COU	OF DEATH		pe lot		2. USUAL o. STAT		Where deceosed liv	red, if institut		ce before	odmission)
0. 000	BALTIMOR	E		MARYLANI		ARYLAI	ND	b. (00	-		
	OR TOWN (If autside	corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If ou	tside corparate lim	nits, write RU	RAL ond give	e neorest	town)
	e RURAL ond give ned HOWARD	irest town)	SHA	32 DAYS	B/	LTIMOE	RE:			.30	.4
	E OF HOSPITAL OR INS	STITUTION (If not in	hospitol, gi		d. STREET					e.	IS RESIDENCE ON A FARM?
VET	TERANS ADM	TNTSTRATT	ON HO	SPTT AT.	113	SOUTH	TREMONT	ROAD		YE	
3. NAME	OF	First		Middle	Los		4. DATE	Mon	th	Doy	Year
(Type o	SED or print)	WILLIA	AM	ELMER.	TRIESC	HMAN	OF DEATH	NOVE	BER.	20	19 66
S. SEX	6. COLO			NEVER MARRIED	B. DATE OF	BIRTH		(In years	IF UNDER Months	1 YEAR	IF UNDER 24 HRS.
MAT	E WHI	मा भाग	WIDOWED	DIVORCED	MAY 8.	1891	75	yrs.	Months	Doys	Hours Min.
10o. USUAL	OCCUPATION (Give kin	d of work done		D OF BUSINESS OR	11. BIRTH	LACE (County	& Stote, or foreign	country)		TIZEN OF V	WHAT
MANA	of working life, even i	if retired)		USTRY CRMARKTET	PANDA	TISTO	NN MARY	TAND		S. A	
	R'S NAME		LOUIE	BEINGARA	14. MOTH	R'S MAIDEN I	NAME	TANK T		O A	
	WILLIAM T	RIESCHMAN	V			NNTE S	SMALLWOO	D			
IS. WASI	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.					ALVATABLE A		HOSP11	28T.		
	runknown) (If yes giv	e wor or dotes of se	CLINICAL	. PECO			RD. M	ARVI	A NID		
-	AUSE OF DEATH (Ent				ODINION	1 TUENCE	WD I CIT	1 110/12	1111		RVAL BETWEEN
ID.	PART I. DEATH WAS C.	AUSED BY:		THROMBOSIS C	שוכנות	MTDDT	- CEDEBD	AT ADD	neov		A YS DEATH
	73 7 11	MEDIATE CAUSE (o).		TIMONIDOS LS	F KIGHI	אדנונדדות	CEREBIA	ALL AIL	THILL	- DI	410
Condi	グラマ X itions, if ony, which go	DUE TO									
	o immediote couse (0) (0)									
	g the underlying co	_ \								150	
last.) (c)			70 YUE 700 1111	DISTANCE COL	DITION ONES IN	DART 1/ 1		110. 4	WAS AUTOPSY
≥ PART				DEATH BUT NOT RELATED	TO THE TERMINA	L DISEASE COM	IDITION GIVEN IN	PARI I(o)		P	ERFORMED?
CATION		S MELLIT								YES	NO X
20o. A	ACCIDENT WAS UNDERLY ONTRIBUTING (**) CAUSE THER, NOTIFY MEDICAL E	OF DEATH	205. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in I	Port I or Port II of	f item 1B.)			
7	TIME OF INJURY Mont		20d. IN.	JURY OCCURRED 20e	. PLACE OF INJURY	(Home, form	, 20f. (City	y or town)	(Co	unty)	(Stote)
GE WE	Hour o.m.	19	While of work	Not While of work	factory, street, of	fice bldg., etc.)	A EXIST				
2	p.m.			ed the deceased fra	m OCT	9 1	9 66 , to N	OV 20	196	6 the	ot (1) (we) las
s	aw the deceased	alive on M	OV 20	19_66_, and	that death a	ccurred at	1230M, fro	m causes	and an t	he date	stated abave
	SIGNATURE /	Orni	. 4							ATE SIGNED	
	0	une	RE	epy.	M.D. PHYS.	ING	MED. DIRECTOR	STAFF PHYS. 2	11	1 20	66
22c.	PHYSICIAN'S					ADDRESS		de la se			
	NAME (Type) MU	STAFA H	ADATE	E M.D.	VE	ADM I	HOSP FT	HOWAI	RD MAR	RYLAN	D
	IAL, CREMATION,	23b. DATE THEREC		23c. NAME OF CEMETER	Y OR CREMATORY		23d. LOCATIO	N (City or To	wn)	(County)	(Stote)
BURI	OXAL (Specify)	11-23-66	5	BALTIMORE N	A TIONAL	CEMET	ERY BAL	TIMORI	E M	RYLA	ND
24. FUNE	RAL DIRECTOR	*	14 + mls-	Funeral Di	rectors		BY REGISTRAR	2Sb. R	EGISTRAR'S S	IGNATURE	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15414 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Baltimore a. STATE b. COUNTY Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS St. Jo seph Hospital 701 Cedarcroft Road. 3. NAME OF 4. DATE First TROTT DECEASED Anna November (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED female last birthdoy) Months white 3-24-95 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Stroehla Margaret Sichert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give wor or dates of service 213-20-8033A Joseph C. Trott (Same 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Peritonitis, localized 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

signed by the burial-tronsit TO FUNERAL DIRECTOR: After this certificate be retoined by the hospital or director, por

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21. I certify that (1) (this haspital) attended the deceased fram_ November 2019 66, and that death accurred at 10:01 From causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE

20c. TIME OF INJURY Month, Day, Year

20e, PLACE OF INJURY (Hame, farm,

factory, street, office bldg., etc.) October

DIRECTOR .

22b. DATE SIGNED

(County)

Cockburn, M.D.

22d. ADDRESS

7620 York Rd., Baltimore, Md. 21204 23d. LOCATION (City or Town)

(City or tawn)

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IS RESIDENCE

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Year

IF UNDER 24 HRS.

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INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

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12. CITIZEN OF WHAT

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66

23a. BURIAL, CREMATION. REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park

Parkville.

1/19 00 ta Nov. 20

Balto Co

24. FUNERAL DIRECTOR H.W. Jenkins

& Sons Co.4905

20d. INJURY OCCURRED

2Sa. REC'D BY REGISTRAR

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TO HOSPITAL OR

ifter death. Poge 4

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b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, writ	e RURAL and give n	rearest town)	
Catonsville	12 Vrs	Baltimore				
d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE	
Forest Haven Convales	ent home	2815 Kirk	Ave		ON A FARM?	
3. NAME OF DECEASED (Type or print) Percy H Tucl	Middle ker	Lost	4. DATE OF NOV		Day Year 6 19	
S. SEX 6. COLOR OR RACE 7. MARR Male White WIDOWE	*	B. DATE OF BIRTH Sept 18,18	9. AGE (In yet lost birthdo	OF IF UNDER 1 YEA	AR IF UNDER 24 HRS.	
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13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
? Ticker		? Wil	ev			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown] [If yes, give wor or dates of service]		rormant s Elizabeth	Carlson	000 Con Baltimor		
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	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art I ar Part 11 of item 18.)			
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21. I certify that I attended the decease	ed from/_/_	19.67, ta	1/26 , 196	C.,that I last	saw the decease	
alive an	and that death	accurred at 2 301				
ACTUAL SIGNATURE CALL PORTS	Must	M.D. (5 861)	DDRESS (Street, city ar to	vn, state)	DATE SIGNI	
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220. BURIAL, CREMATION, REMOVAL (Specify) Burial 11/29/66	22c. NAME OF CEMETERY OF Parkwood	R CREMATORY	22d. LOCATION (City, tow		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a PEC'D	Parkville BY REGISTRAR 24b. RE	EGISTRAR'S SIGNAT	Co Md	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Saw the deceased alive an 11-21-19.66, and that death accurred at A.M., fram causes and an the date stated above 220. SIGNATURE ATENDING		15416			CERTIFICATE	OF DEATH		154	15
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d. NAME OF HOSPITAL OR. RISTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS SPRIET				100	23 days	Aquas	sco. Md.	/	6.2
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept of Health prior to burial, cremation, or remayla, and in any event, within 72 hours at expendent

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15417 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. CDUNTY o. CDUNTY o. STATE MARYLAND c. LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TDWN (If outside corporate limits, CCITY OR TOWN write RURAL and give nearest town) day ma Ro nda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ND DE YES 4. DATE 3. NAME DE Middle Month Day Year DECEASED (Type or print) DF 050 DEATH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. CDLDR DR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours DIVDRCED WIDDWED 12. CITIZEN DE WHAT 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY during most of working life, even if retired) INDUSTRY RCCOUNT A. IRG 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one couse per line for (a), (b), and (c).) DNSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 3311 DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY DCCURRED 20c. TIME DF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m.

20o. ACCIDENT WAS UNDERLYING [DR CONTRIBUTING CAUSE OF DEATH

saw the deceased alive an 11-14-

Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased from 11-

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M.D.

and that death occurred at 2 3 A. M. from causes and on the date stated above

22o. SIGNATURE

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DIRECTOR 22d. ADDRESS

PHYS

DATE SIGNED

22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION

REMOVAL (Specify)

DATE THERED

23c. NAME OF CEMETERY DR CREMATORY

23d. LOCATION (City or Town

2So. REC'D BY REGISTRAR

(County) (Stote)

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15419 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY MORE MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give neorest town) write RURAL and give negrest town IMORE THORE IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO F 3. NAME OF Middle 4. DATE Month First Dov Year, DECEASED OF DEATH (Type or print) S. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR, RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours DIVORCED 10o IISHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY ltimore, 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAMI May E. Murphy Matthew Huches Elizabeth A. Cesky, Balto., Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ANGING IMMEDIATE CALISE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a) DUE TO stating the underlying couse last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not While ot work 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection and in my opinion Suicide 🚁 death resulted from: Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, chy Bon V look NAME (Type) NILLI OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230. BURIAL CREMATION (County) Ho Redeemer Balto., Md. 24. FUNERAL DIRECTOR Leonard 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Ruck, Inc. Melanley NOV 1966 DATE

0 PM3. Poge delay and form pencil in Item 18. Give Poges 1, This certificate should be executed within 24 hours ofter death. along with Office word "pending" in pencil in the Chief Medical Exominer's writing the word 0 forworded the certificote, pe should EXAMINER: may be retained far your FUNERAL DIRECTOR: Poge Poge pleose execute the funeral director. TO DEPUTY ME 5 may be r TO FUNERAL Health or i necessary,

e State Department of 72 hours ofter deoth.

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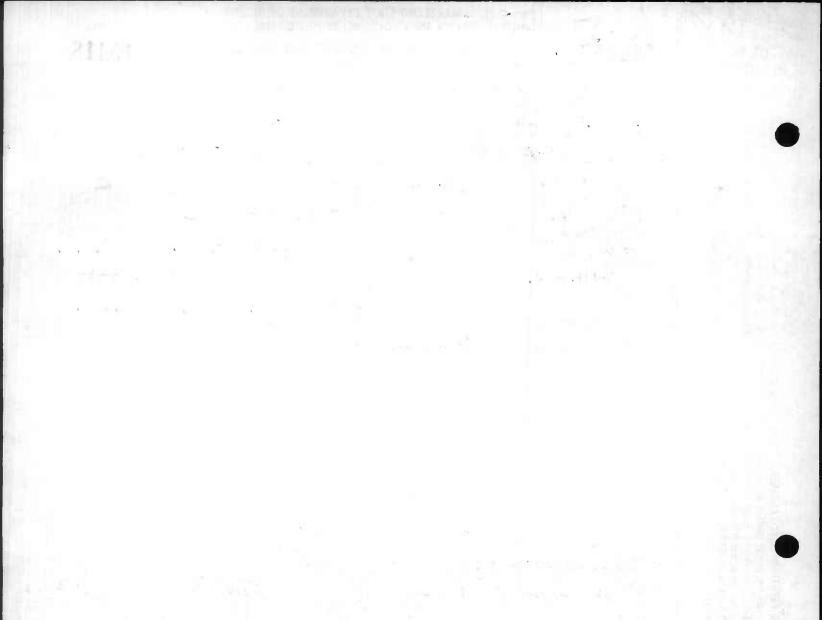
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	MARYLAND STATE DEPARTMENT OF HEALTH	
Division	of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	2120
1	CERTIFICATE OF DEATH	

	15420)		CERTI	FICATE	OF DEATH		15	419
	PLACE OF DEATH					2. USUAL RESIDENCE (V	here deceased lived, if institutio		fore odmission)
	o. COUNTY BAT.1	TIMORE		MAR	YLAND	o. STATE MARYLA	ND b. COUNT	Y	1
	b. CITY OR TOWN (If outside corporate limit	S,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If our	rside corporote limits, write RURA	L ond give neo	rest town)
	FORT HOW	give neorest town)		37 DAYS	7-3	BALTIM	ORE	.30	0 -4
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol, g			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	VET ERANS	ADMINISTR.	ATION H	OSPITAL		4712 HAM	ILTON AVENUE	112	YES NO
	NAME OF		rst	Middle		Lost	4. DATE Month	_	oy Year
	DECEASED (Type or print)	CLAREN	CE	CALLOWA	Y	VENABLES	OF DEATH NOVEMBE	R 18	19 66
S.	SEX	6. COLOR OR RACE		NEVER MARRIE	D 🔲 8	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	
	MALE	WHITE	WIDOWED	DIVORCE		08 25 95	lost birthdoy) 71 yrs.	Months Doy:	
	. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN COUNTR	
QUI	GUARD	me, even n remed)	TI-S		ENT	MARDELLA S	PRINGS. MD.	U.S.	A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N			
	TOSTEDI	H VENABLES			20.4	SALLIE M	URPHY		
15.	WAS DECEASED EVE	R IN ILS ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	17.	NFORMANT	VA HOSPATTA	I.	
(Y€	YES	(If yes give wor or dotes of	of service)	13 01 25 7	CLI	NTCAT. PECOS	DS, FT. HOWARD		
		EATH (Enter only one cou			21 022	.711.07127 11170 011	55, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12		NTERVAL BETWEEN
		TH WAS CAUSED BY:	DI	VEUMONIA					ONSET AND DEATH
	177x	IMMEDIATE CAUSE	(0)	413021011222					
	Conditions, if ony		3/7	CELOPHTHIC	ANTEN	A TA		1	JNKNOWN
	rise to immediat	e couse (o),	1-/	TEPOL HITTITC	MIGHE	ILA			MINIMONIA
	stoting the unde	rlying couse		DOTNOMA T		m ro			INKNOWN
		,		ARCINOMA F	-		DITION OFFICE IN DARK 1/ 1		19. WAS AUTOPSY
NO	Land Street					HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		PERFORMED?
CAT		ERIOSCLEROT							YES NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY (OCCURRED. (Enter noture of injury in I	Port I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJ Hour o.	10	20d. IN While of work			E OF INJURY (Home, form ory, street, office bldg., etc.)		(County)	(Stote)
	21. I certi	fy that (1) (this has eceased alive an_	pitol) otteno NOV 18	ded the deceased	from ond that	OCT 12 , 1 deoth occurred of	9_66, to <u>NOV 18</u> 600P M, from couses o	and on the d	lote stated above
	22o. SIGNATURE	ieila	her	Sn	J.M	111101	MED. STAFF DIRECTOR PHYS.	22b. DATE SI	GNED 19-66
	22c. PHYSICIAN'S	1				22d. ADDRESS			
	NAME (Type	NEILON NE	ILSON,	M.D.		I VA HOSPI	TAL, FORT HOWA	RD, MAF	RYLAND
230	BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEN	METERY OR	CREMATORY	23d. LOCATION (City or Tow	rn) (Cour	nty) (Stote)
	REMOVAL (Specify BURIAL	Nov. 21.	9966	GARDENS	OF FA	TTH CEMETER	Y BALTIMORE	M	IARYLAND
24	. FUNERAL DIRECTO	1.0.1		ADDRESS		2So. REC'D	BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNAT	TURE
F	TINERAL H			RD. BALTI	MORE.	MD. DATE N	OV 2 3 1966 /	Mark	w Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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	THE PERSON		

MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND

CERTIFICATI	E OF DEATH 15/190
1. PLACE OF OEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY	a. STATE Ob. COUNTY R
b. CITY OR TOWN (if outside corporate limits, c. LENGTH GF STAY IN 1b	a CITY OF TOWN US of bolds are and United CITES and also negreet town
write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
BALTIMORE / July.	BALTIMORS 13-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE
Sante Boltone med Canton	20 BCI HAVE A DRUKE WED ON A FARM?
To the state of th	29 DELHATUEN DE VES NOW
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) 1/2NERANDH NMN	MARINU DEATH MOUZE 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last huthday) Months Days Hours Min.
m WIDOWED DIVORCED	12 - 31 - 90 last hunday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or Toreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER NAME	14. MOTHER'S MAIDEN NAME
END DO NIMIL NAVIOLATION	14. MOTHER'S MAIDELY HAME
ENGICO NIMN VENERANDA	DECARLONIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address DA
NO 213-31-7591	PAULINE VENERANDA 29 RECHAUEN
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	A control of
DUE TO	44 4
Cenditions, If any, which gave rise to Immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 202. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO N
20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	(0)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20e. p.m. 20e. PLA facto 20e. p.m. 20e. p	
21. I certify that (I) (this hospital) attended the deceased from	11-19, 1966, to 11-26, 1966, that (1) (we) last
	death occurred at A.M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Many Musica	ATTENDING MED. STAFF DIRECTOR PHYS. 11-26-66
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 1
NAME (Type) MARLO B. INES M.D.	GBMC BALTO MD. 21204
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BEMOVAL (Specify) 11/29/16 PARK WIDE	OD TAKE DO AVE NO
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DIAME, DAGE : DUAD D. AL	MOV 20 10CC Plante Outer
VITTELISKOS INC 1110 Below Rd.	DATE NUV 29 19106 generally group

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transic permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

18 1

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

15421

		•							1146		
	PLACE OF DEATH o. COUNTY	Balt	imore	MARY	LAND	2. USUAL RESIDENCE (o. STATE	Where deceased liv	ed, if institutio b. COUNT		pefare odmiss	sion)
		f autside corporote limits I give neorest town)	'r	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If or	utside corporate lim			earest town)	
H		AL OR INSTITUTION (If no	t in hospitol, g	rive street oddress)		d. STREET ADDRESS				e. IS RES	
		St.Joseph	Hospit	al.		7	828 Oakl	eigh Ro	ad	YES	FARM?
3.	NAME OF DECEASED (Type or print)	Fir Thoma		Middle C	Via	last anello	4. DATE OF DEATH	Month Noven			ear 66
	SEX Sale	6. COLOR OR RACE White	7. MARRIED : WIDOWED		8	DATE OF BIRTH	9. AGE	(In years	IF UNDER 1 YE		ER 24 HRS.
dur	. USUAL OCCUPATION ing most of working Barbe FATHER'S NAME		IN	ND OF BUSINESS OR DUSTRY	d	11. BIRTHPLACE (County Italy 14. MOTHER'S MAIDEN	y & State, or foreign	-	12. CITIZEI COUNT	N OF WHAT	ly "
13.	FAIRER 3 NAME		lianes	llo		14. MOTHER 3 MAIDEN	NAME	Vianes	Uo		
		R IN U.S. ARMED FORCES? (If yes give wor ar dates a	f corvice)	901666	- may	rances E.	Vianel	Address	same		
		e cause (a), DUE	(a) Carc TO and (b) Part	inoma of p mesenteric ial intest	inal	eas with me phnodes. obstruction	n.		art	INTERVAL BE	DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED					HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)		19. WAS AU PERFOR YES 2	TOPSY MED? NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED. (Enter nature af injury in	Part I or Part II of	item 18.)			
MEDICAL	Hour a.r p.r	n. 19	While at work		facto	E OF INJURY (Home, farr rry, street, office bldg., etc.	.)	y or town)	(County		(State)
	21. I certi	fy that (X (this has eceased alive on N	pital) attend	ded the deceased <u>th</u> 19 <u>66</u> , a	from and that	death accurred at	19 <u>66</u> , ta <u>N</u> t <u>11:39/Pfro</u>	ov. 11 am causes a	ind an the	date state	(we) la ed abav
	22a. SIGNATURE	Deco	سكلا	<u>C</u>	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE		
	22c. PHYSICIAN'S NAME (Type	D.R. Gov	rinda R	ao, M.D.		7620 York	Rd.,Bal	timore,	Md. 23	1204	60
	BURIAL, CREMATIC	11-15-		23c. NAME OF CEME Morelan		m. Park	Balti	N (City or Town	Md.		(Stote)
1	1. FUNERAL DIRECTO		ic Bal	ADDRESS timore,	Md.		NOV 1.5	25b. REG	STRAR'S SIGN	W 61	dge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending offysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. There please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.

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Division of STATISTICAL	AND RECORDS,			MARYLAND	21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

r, page 3	22c. PHYSICIAN'S NAME (Type)
directa	230. BURIAL, CREMATION, REMOVAL (Specify) Burial

154	23		CERTI	FICATE	OF DEATH		15	422
1. PLACE OF DEA o. COUNTY	тн altimore		MA	RYLAND	2. USUAL RESIDENCE (MANGERORNIA XX	Atutian: Residence	
b. CITY OR TOV	WN (If outside carparate limit	is,	c. LENGTH OF STAY	IN 1b		tside carparate limits, write		
Baltimo	Lond give neorest town)		lyr.6m	os.	Long Bea	ch. Californ	ia	03-1
d. NAME OF HO	SPITAL OR INSTITUTION (If n	at in hospital, i	give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1000	Edmondson	Avenue			2225 Eas	t 2nd Street		YES NO X
3. NAME OF DECEASED (Type or print)	Helen	irst	Middle A	Wa	lost lther	4. DATE A OF DEATH Nover	Month mber 21	Doγ Year 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		B. DATE OF BIRTH	9. AGE (In year	S IF UNDER 1 Y	YEAR IF UNDER 24 HRS.
Female	White	WIDOWED	DIVORC	ED 🗍 -	7-22-1886	last birthday		Doys Hours Min.
10o. USUAL OCCUPA	ATION (Give kind of wark dane king life, even if retired)		IND OF BUSINESS OR IDUSTRY			& State, or foreign country)		ZEN OF WHAT NTRY? A
13. FATHER'S NAM					14. MOTHER'S MAIDEN			
Wilhe	elm Walther				Marie - 1	Unknown		
1S. WAS DECEASED	D EVER IN U.S. ARMED FORCES? wn) ((If yes give war or dotes		SOCIAL SECURITY NO.	17. 1	NFORMANT		ddress	
NO	with the state and or dozes	2	12-18-455	52 N	Martin Beer	man 5322 L	iberty H	Ights.Ave.
	18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO							
	ony, which gave)	(b) Cks	mix M	300	andelis			53n.
	underlying cause	(c) Jens	raling	dar	terrosoles	goes		10%.
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBU	T WAS UNDERLYING THING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Port I or Part II of item 18.	.)	
20c. TIME OF	INJURY Manth, Day, Yeor or a.m. p.m. 19	20d. I While at wor			CE OF INJURY (Hame, farm ary, street, affice bldg., etc.		n) (Cour	ity) (State)
	ertify that (I) (this ho	spit al) atten	ded the decease	d fram_ , and tha	5-20- t death accurred at	1965 to 11-3 34512M, fram caus	ses and an th	, that (I) (we) last date stated above
22a. SIGNAT	TURE Sal	lan	2	М.		MED. STAFF PHYS.	22b. DAT	TE SIGNED
22c. PHYSIC NAME (IAN'S	K.G.	allager		6209 Fise	driet Boy 1	Ball. 21	8, md.
230. BURIAL, CREI	MATION, 23b. DATE ΤΙ 11 – 2.5		23c. NAME OF CE		CREMATORY Cemetery	23d. LOCATION (City of Baltimor		County) (Stote)
24. FUNERAL DI		-00	ADDRESS	Park			. REGISTRAR'S SIC	
Ellewort		4600		Hghts	.Ave. DATEN		goliant	

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TO ACREE OF LANGE THE STATE OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 5424 CERTIFICATE OF DEATH

15423

S. C. W. K.					1	OIL	43	/
1. PLACE OF DEATH a. COUNTY BALTIMORE		2. USUAL RESIDENCE (V	Where deceos	ed lived, if institu b. COU		nce befar	e admissio	n)
DALLIMORE	MARYLAND			6 1 2	mal (:			
write DIIDAL and aim pages town	DAYS	c. CITY OR TOWN (If ou		 21216 		ve neores	1 town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give stree	t address)	d. STREET ADDRESS					e. IS RESID	
VETERANS ADMINISTRATION HOSP:		2814 W. L	INVALE	STURIERI			ON A FA	RM?
DECEACED	. Middle	Lost	4. DATE OF	Mar		Doy	Yeo	
(Type or print) RICHARD	C. V	VELBORN	DEATH		MBER	21	160	
S. SEX 6. COLOR OR RACE 7. MARRIED N NEGRO WIDOWED	DIVORCED DIV	8. DATE OF BIRTH 4/24/06	9	AGE (In years lost birthdoy) Ors.	Months	Days	Haurs	Min.
10o. USUAL OCCUPATION (Give kind of wark done during mast of warking life, even if retired) PRESSER 10b. KIND OF BI INDUSTRY TATIOR		11. BIRTHPLACE (Caunty BIRMINGHAN			C	ITIZEN OF OUNTRY?		
13. FATHER'S NAME RICHARD WELBORN	BILOF	14. MOTHER'S MAIDEN	NAME	OLOWAY				
	CUDITY NO. I 17	INFORMANT	14	Add	FOCC			
(Yes, na. grunknawn) (If yes give war ar dates of service)					all and the same			
		CLIN.RECORDS	VA H	ospital,	FT B			
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARDTO-RESPIRATORY FAILURE				ONSET AND DEATH				
PART I DEATH WAS CAUSED BY-		STORE THAT TENDED				UNK		
IMMEDIATE CAUSE (0)	-RESPIRATO	DRY FAILURE				01	ECEN	
1810 IMMEDIATE CAUSE (o)			OMA OMA	ате				
Conditions, if ony, which gave (b)		ORY FAILURE ADDER WITH M	etasta	SIS			YEAR	
IMMEDIATE CAUSE (o)			etasta	SIS				
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Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	OMA OF BLA	ADDER WITH M				19.	YEAR WAS AUTO PERFORMI	PSY
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BATTIMORE, MARYLAND

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please, jemove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremotion, or removal, and may event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

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DARTHAM, DRONT JAI

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 15425 EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission BALTIMORE o. COUNTY 2, and 3 to PM3. Poge o. STATE MARYLAND b. COUNTY BALTIMORE 2 ď MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY-IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) ofter Parkville Parkville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street gddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? word "pending" in pencil in Item 18. Give Poges 1, the Chief Medical Exominer's Office olong with form hours ote 2907 Dubois Avenue YES NO IX 3. NAME OF First Middle 4. DATE Month 5 Lost Year DECEASED within (Type or print) MARGARET DEATH C. WEST November 1966 with S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months WIDOWED **DIVORCED** White Female 73 yrs. 10a. USUACOCCUPATION (Give kind of work done during prost of working life event retired) 10b. KIND OF BUSINESS OF 12. CITIZEN OF WHAT (State or foreign country) Om & 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME pag in and WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) removol 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Arteriosclerotic cardióvascular disease cremotian, or the word DUF TO Conditions, if ony, which gove rise to immediate couse (o), be forworded to DUE TO stoting the underlying couse О writing lost. buriol, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificote, YES X NO 5 may be retained for your rues.

TO FUNERAL DIRECTOR: Page 3 should be a Health or its designoted agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) should PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office blda., etc.) Not While ot wark at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinian director. Natural couses X death resulted fram: Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol November 28, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) Address (Street, city, town, or county) the 230. BURTAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County) (Stote) REMOVAL (Specify) em orun 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE lianles VR A15ME (5 6M 1/66

24 hours after deoth. should be executed within certificate

15420	5	CERTIFICATI	OF DEATH		15426
o. COUNTY				here deceased lived, if institution: Resid	ence before odmission)
B. COUNTY	ALTIMORE	MARYLAND	o. STATE MARYI	AND B. COUNTAINN	E ARUNDEL
b. CITY OR TOWN	(If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	tside corparate limits, write RURAL and g	ive nearest tawn)
FORT HOW	ARD	23 DAYS	GLEN BURN		02.2
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in I	nospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	ADMINISTRATI	ON HOSPITAL	811 GEIST	CIRCLE	YES NO
NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	ALVI		WILKERSON	DEATH NOVEMBER	21 19 66
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3. FATHER'S NAME			14. MOTHER'S MAIDEN N		
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(Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	rice)	INFORMANT	Address	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

LOCH RAVEN BLVDON BALTIMORE, MD

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Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	15427	N OF STATIST	ICAL RESE	ARCH AND REC				STREET,	BALTIMOI	RE 1, MAR 1.5	127
1.	PLACE DF DEAT a. COUNTY	H altimore		MARY			RESIDENCE		b. COUN		nce before admission
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74 H	. FUNEBAL DIRE	ECTOR	15 Co.	4905 Yor	k Rd		25a. REC'E	BY REGISTE	AR 25b. RE	GISTRAR'S SIG	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
5428	CERTIFICATE OF DEATH	15428

	15428		CERTIFIC	ATE OF	DEATH		154	28
1. 3. 5. 10a	d. NAME OF HOSPITAL OR INSTI- REAFER BAL NAME OF DECEASED (Type or print)	St town) OWSON ITUTION (if not in h First PRACE 7. MARRIED WIDOWED F work done 1 10b. K	MARYLA C. LENGTH OF STAY II 3	2. USUAL a. STA	RESIDENCE (WHATE AND A TOWN (If outside A TOWN (If	b. COL	write RURAL ar R S IF UNDER 1 Months D try) 12. CITI	e. IS RESIDENCE ON A FARM? YES ND ND Day Year 19 6 YEAR IF UNDER 24 HRS. ays Hours Min.
13. 15 (Ye	4UDITOR	MED FORCES? 16.	SO IN SOCIAL SECURITY NO.	14. MOTE	HARAIE PONT'S	AND ESTARDS CHAR	> .	N.WILSON (SAME)
CERTIFICATION	PART I. DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIATE COMEDIATE COMMEDIATE COMEDIATE COMEDIA	ED BY: AUSE (a) DUE TO (b) DUE TO (c) NDITIONS CONTRIBU	MYOCARDIAL CORONARY HOTERIOSCLERO	INFARET OCCUSION OCCUSION TRELATED TO THE	AET DETERMINAL DISEAS		IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
MEDICAL CI	20c. TIME OF INJURY Month, Hour a.m. p.m. 21. I certify that (I) (this saw the deceased alive D 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Day, Year 20d. I While 19 at worl	k Not While detection at work detection at work detection and detection and detection at white detection at white detection at the detection at white detection at wh	M.D. ATTENDI	R 7, 1966 curred at 5.557 ING MED. DIRECTOR	M, from the cause	s and on the	that (I) (we) last date stated above. E SIGNED
24	REMOVÁL (Specify) Burial FUNERAL DIRECTOR	11/1966 Sons Co.	23c. NAME OF CEM		TORY 23	d. LOCATION (City, Baltimore	town or count	ty) (State) Md _ SIGNATURE

VR AI5 (4) 20M I/65

15425 Satisfied Bacter THE STATE OF THE S Exertian Balto Medical Confirm Majorician Ken en Ellert Treld - Kish - 1 Eller 11 6.04 39 31 72/11 1 promote R S of My PHA PLANTE SEE BY G. Heer W. Kon Ween Singerman was THE NEW YORK THE PARTY OF THE P amenda water object the fitter

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15423

1. PLACE DF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
Baltimore MARYLAND	Maryland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
Towson 21204 71 days	1805 East Joppa Road, Baltimore 34
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	UN A FARM?
Dulaney Towson Nursing Home	1805 East Joppa Road YES ND X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Tune or mulat)	DEATH 10
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HR last birthday) Months Days Hours Min
female white WIDOWED DIVORCED	August 7, 1903 63 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Floral Designer	Baltimore, Maryland COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Oden	Claudia Wilson Oden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address 21204
	aney Towson Nursing Home, 111 West Road
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Place with motoring ONSET AND DEATH
1538 IMMEDIATE CAUSE (a) Concernant Africa	Man with melaslasea 3 years
Conditions, if any, which (b)	
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
Youl	PERFORMED?
	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work at work	y, street, office bldg., etc.)
	ovember, 1963, to Most., 1966, that (1) (We) la
saw the deceased alive pn 11/12 1966, and that	death occurred at CH M, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
I rolyston leves on M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) L. Myston Gaines Ja-	7800 York Rd. Baltimore, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
Burial Nov127, 1966 Moreland	emorial Park Parkville Marylored
John Burns' Sons, Towson, Maryland	NAV 23 1956 Milanda Julas.
domin partie botte, towson, marytan	DATE NOV & D 1000

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FOR STATE

ctor. Page your files. TO DEPUTY IN THE EXAMINER: This certificate should be executed within 24 hours after death. If env. is necessary, please execute it ifficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune inch. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in your files.

TO PUNERAL DIRECTOR. Page 3 should be used as a buriel-transit permit. Florages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours after death. VS. A1SME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

ND

Division of	STATISTICAL RESEAR	CH AND RECORDS,	301 W. PRESTON	STREET,	BALTIMORE	1, MARYLAN
15430	MEDICAL	EXAMINER'S	CERTIFICATE	OF D	DEATH	15430

	e. COUNTY	Н			2. USUAL RESIDE	ENCE (Where			sidence before	edmission)
	Baltimor	e		MARYLAND	e. STATE	rvland	b. COUN		imore	
	b. CITY OR TOWN	(if outside corporate lim d give neerest town)	its,	c. LENGTH OF STAY IN 16			orporete limits, write			own)
1	Turners Sta				Trans	ers Sta	-tion		13.1	
-	d. NAME OF HOSP	ITAL OR INSTITUTION	(if not In hos	pital, give street eddress)	d. STREET ADDRES		acton			RESIDENCE
					007.34				-	A FARM?
3	305 Main	St. First		Middle	305 Mai	n St.	W 44 4		YES	NOX
ľ	DECEASED	11131		Widdle	Last	OF			Dey Ye	100
	(Type or print)	Oscar		Woods	4	DEA	11=	25	19	
S	. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeers last birthday)			ER 24 HRS.
	Male	Colored	WIDOWE	D DIVORCED	6-14-95		71 yrs.	Monins De	eys Hours	Min.
1	Oa. USUAL OCCUPA	TION (Give kind of world	k 10b. KI	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Ste	ete or foreign	country)	12. CITIZ	EN OF WHAT	COUNTRY?
1	Retire	orking life, even if retire		vil Service	Charton	0- 00	THE PARTY		T C A	
1	3. FATHER'S NAME	4	1 01	ATT OFLATCE	Chester (J.		U.S.A.	
					THE MOTHER STATES					
_	Moses Wo					own				
		VER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	Yes		091	-07-0909 R	uth White,	1524 N.	Monroe	St.		
		DEATH [Enter only one	cause per li	ne for (e), (b), end (c).]					ONSET AND	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		7-5-C-V- 1	Disense				ONSET AND	DEATH
	1/22.	,					A Jan Page			
	, , , , , ,									
	geve rise to immediate cause									
	(a), sieting the	underlying DUE TO								
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY								
Š	PART II. OTHE	R SIGNIFICANT CONDI	ITIONS CON	IRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART 1		ORMED?
13				A					YES	NO I
CERTIFICATION	20e. EXTERNAL C		Ob. DESCRI	BE HOW INJUNY OCCURED.	Entar nature of injury in I	Pert I or Pert I	of item 18.)			-1-
18	CAUSE OF DEATH	·		. , , , , , ,	,					
1 A	20c. TIME OF INJ	URY Month, Dey, Ye	er 20d. 1		ACE OF INJURY (Home, fo		City or town)	(Count	(y)	(Stele)
MEDICAL	Hour e.m.		While at worl		tory, street, office bldg.,	etc.)			1	
3		19	-		ald an Autonou 🗆	In an autic		. 57/	1:	
				ains described above, h		, Inspectio	(Carlon)	- 12	and in my	opinion
	death resulted	from: Natural ca	auses	Accident, Sui	ide, Homicid		Undetermined m	anner		
	100 May 100 Ma	ma		mil	CHIEF MEDICA	AL EXAMINER				
	ACTUAL SIGNATURE	1117	25 a	NH /114		AEDICAL EXAM	AINER 🔲		DATE SI	GNED
	EXAMINER'S	MOS		40 2	DEPUTY MEDIC	CAL EXAMINE	R	1	5	1/28/
	NAME (Type)	川づ、一分	Vds	mo	Address (SI Co	ot Leity What	200047	ILW -	-	X-1-1
2:	2a. BURIAL, CREMATION REMOVAL (Specific		OF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOC	CATION (City, town	, or country)	(Ste	ete)
	Burial	11-30-66	11777	Baltimore Na	tionel	Re7+4	imore, Ma	basiva		
-2	3. FUNERAL DIRECTO		1	ADDRESS			ISTRAR 24b. REG		NATURE	
	(n) 1	n T do	0 36 36			NOV 3	0 1966	Milan	la Que	lan
, _	Charles	R. Law, 80	Z Madi	son Ave	I DATE	1404 9	0 1000		and an	7
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15431
CERTIFICATE OF DEATH

1.	a. COUNTY		2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If Institution:	Residence before admission)	
	Baltimore	MARYLAND	2.0	vland b. county B	altimorá	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	L and give nearest town)	
	Towson		Towgon		34	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	623 Hillen Road	Elizabeth Section	623 H11	len Road	YES NO TO	
3.	NAME OF First	Middle	Last	4. OATE Month	Day Year	
	(Type or print) Emma	M. W	Jorkman	OF NOV.	2 19 66	
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 18	. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR HE LINDER 24 HRS	
	F W WIDOWED	DIVORCED	pril 13.	1.880 86 yrs. Months	Days Hours Min.	
10a		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country) 12.	CITIZEN OF WHAT	
10	Housewife Own	1 Home	Ohio		U.S.A.	
13.	. FATHER'S NAME		14. MOTHER'S MAID			
	Peter Slusser		Melinda	Schrantz		
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Address		
	No 274.	-05-6454D M	Irs . Crysta	l Gillespie	(Same)	
	18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]	1	1-10 0 1	INTERVAL BETWEEN ONSET AND DEATH	
3	PART I. DEATH WAS CAUSED BY:	roosscula	acciden	to (thrombosid)	4 days	
	4200 DUE TO Arile	noschotu	praind	sease		
nid	Cenditions, If any, which (b)	leave	5 years			
	gave rise to immediate cause (a), stating the DUE TO				0	
,	underlying cause last. (c)					
T10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
ICA	YES NO Y					
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		HIRY OCCUPPED 120e PLAC	E OF INITIDY/Home for	m 206 (City or town) (Co	(ctate)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, leading of the control of th					
64	21. I certify that (1) (this hospital) attended		et 18 19	52 to Nov. 2 . 19	66. that (I) (we) last	
9	saw the deceased alive on 31			M, from the causes and on		
	22a. SIGNATURE	and that	Total Condition and		DATE SIGNED	
	Richard h I I I I'm	M.D.	ATTENDING M. PHYS. D	IRECTOR PHYS.	02 1966	
	22c. PHYSICIAN'S NAME (Type) Dr. Richard 1		3035 St		1	
	NAME (Type) Dr. Richard 1	N. Tillman	3035 30	. Paul St.		
23a	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)	
E	Burial-Removal 11/4/198	66 North Ca		Akron.	Ohio	
24	EUNERAL DIRECTOR	4905 York R	_ 25a. REC	'D BY REGISTRAR 258. REGISTRA	R'S SIGNATURE	
۵.			DATE NO	IV 1 1986 your	rles Judge	
_			100		7/ // =	

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15432 CERTIFICATE OF DEATH eath puro funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Lancaster a. COUNTY o. STATE Penn. Baltimore after MARYLAND by the fi b. CITY OR TOWN (If outside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest fown) Lancaster papers. campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Jeseph Hespital 2101 Birchwood Road YES NO K within 3. NAME OF Middle 4. DATE Year carban DECEASED Paul YESSLER Nevember (Type or print) Newcomer DEATH IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remave last birthday) Hours Days WIDOWED DIVORCED Male White 1-30-93 pup 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician a during most of working life, even if retired) INDUSTRY Retired: Engraver
13. FATHER'S NAME Hagerstown, Md.

14. MOTHER'S MAIDEN NAME Hamilton Watch George Yessler Carrie Newcomer attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 9 Dr. Paul G. Yessler, Silver Springs, Md. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive intra-cerebral hemorrhage IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO priar ta stating the underlying cause the has been SD PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Health p Arteriosclerosis. YES X NO this certificate Po 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Manth. Day. Year (County) (Stote) factory, street, office blda., etc.) Hour o.m. Nat While at wark at work O FUNERAL DIRECTOR: After pe 21. I certify that (this hospital) attended the deceased fram Nov. 28 19 66 Na Nov. , 1966, that 00 (we) last 29 shauld 1966 29, and that death accurred at 2:30 M. fram causes and on the date stated above. saw the deceased alive an Nov. 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS. Nov. 29, 1966 DIRECTOR filed director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Reynaldo Orjuela-Gomez. M.D. NAME (Type) 7620 York Rd., Baltimore, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE-THEREOF 23d. LOCATION (City or Town) (County) (State) BIREMOVAL(Specify) Millersville Mennonite Millersville, Pa. Dec.1,1966 1966 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 21204 DEC VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson 1050 York Road Towson, Maryl

executed within 24 hours after death requires that the death certificate be aftending the haspital ar LIENDING be retained Page /

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		1000	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15433

CERTIFICATE OF DEATH 15433 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Catonsville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Arbutus d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 90 Summit Nursing Home 5821 Oakland Road 21227 3. NAME OF Middle Last 4 DATE First DECEASED OF DEATH KATHERINE E. ZINK Nov. (Type or print) 9. AGE (In years last birthdoy) 8. DATE OF BIRTH S SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White July 18, 1899 WIDOWED XX DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) **INDUSTRY** Housewife Maryland
14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Viola Kegg Frank Wilger 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dotes of service Mrs. Margaret Jones, 5821 Oakland Road, 21227 None No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. While Nat While

21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an

22a. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

at wark at work

(County) (State)

Baltimore

Day

23

Davs

12. CITIZEN OF WHAT

II.S

COUNTRY?

IF UNDER 1 YEAR

Manths

e. IS RESIDENCE ON A FARM?

YES NO XX

Year

IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

66

1966 ta M, fram/causes and an the date stated above and that death accurred at 22b. DATE SIGNED

tall	Denellas	
Herbert	Levickas	

22d. ADDRESS

DIRECTOR

1073 Maiden Choice Lane

a. BURIAL, CREMATION,	23b. DATE THEREOF
REMOVAL (Specify)	11-26-66

23c. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery

ADDRESS

M.D.

23d. LOCATION (City or Town) Baltimore,

(County) (State) Maryland

24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Avenue, 21229

2Sa, REC'D, BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After VR A15 (4) 20 M 1/66

D FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached far use should be filed with the State Dept. of Health pages.

and 2 death.

aurs after

ease remave carban papers. and in any event, within 72 h

burial, crematian, ar remaval,

signed by the burial-transit

has been s priar to

within 24 haurs after death.

be executed

ATTENDING PHYSICIAN: The law requires that the death certificate

campletely filled in by the funeral

and

